

ADDITIONAL ATTEMPT ACADEMIC SUCCESS PLAN

The Additional Attempt Academic Success Plan serves as a record of an agreement between the student and the program Chair as defined in Policy E-1.16 – **Academic Progression for Developmental Programs**. See the policy for details on procedures.

			NLC	student number *		
onal	Last or family name * Email address		First	First or given name *		
Perso			Daytime phone number			
	Course to repeat *:					
Student Questions	Have you met/spoken with your Instructor? * If Yes:		□ Yes □ No Da	□ No Date:		
	Have you met with Access Services? * □ Yes □ No Do you require additional support services due to a disability? * □ Yes □ No (The Access Services Coordinator will contact you)					
it Q	Do you currently work? * □ Yes □ No					
Jen		If Yes:		Hours per week: ☐ More than 20 ☐ 15-20 ☐ 10-15 ☐ Less than 10		
Stuc	Have you requested a Tutor	?*	□ Yes □ No		2 10 20 2 10 10	
	Have you accessed Learnin	g Support? *	□ Yes □ No			
Plan *						
Agreement	I hereby agree to the plan a	s defined above:				
Agree			Signature of Student *		Date *	
	I approve this additional attempt of the course as noted above:					
Authorized	Signa		Signature of Chair *		Date *	
	Signa		Signature of Dean *		Date *	
Office Use Only						
Drog	ram Chair & Dean	Compus			y (name, please print)	
Flug	 Ensure form is complete (check required fields) 		☐ Record petition in Colleague (permission to exceed two		, (
	Develop and record p student.	lan with			ved	
	☐ Forward to Dean for	approval	student as requested			
		d document \Box	Place it students file			

Last updated: 19-Jan-2021 An Office of the Registrar form