



For office use only:
Date Received: _____ / _____ / _____
Received by: _____

**EDMONDS COMMUNITY COLLEGE
ACADEMIC SUCCESS PLAN**

Name (Please Print)

Student ID number

Address

EdMail (email address) ***Required***

City, State ZIP

Phone Number

You have been placed on Academic Restriction status and your registration has been blocked for the upcoming academic quarter. You may appeal your blocked registration by completing this Academic Success Plan and submitting or mailing it to the Advising Resource Center on the first floor of Lynnwood Hall. Complete the Academic Success Plan early to allow time for our staff to review. **Success Plans must be turned in two weeks prior to the beginning of each quarter. Plans submitted after the deadline will not be reviewed for the upcoming quarter.**

You will be notified of a decision by email to your Edmail account.

- **If your plan is approved**, the block on your registration will be removed.
- **If your plan is denied**, you are required to meet with an Academic Advisor. Please email, academicprogress@email.edcc.edu and you will be contacted to schedule an appointment.

If you need assistance in completing this plan, you may make an appointment with one of our Academic Advisors. Advisors can help you with determining which classes are needed for your program, assist you with locating campus resources, and assist with other goals connected to your educational success. To schedule an advising appointment, please call (425) 640-1458 or by visiting the Advising Resource Center on the first floor of Lynnwood Hall.

Advising Resource Center	1 st floor LYN	425.640.1458	www.edcc.edu/advising
Edmonds Community College	20000 68 th Avenue West, Lynnwood, WA 98036		

PART 1 – EDUCATIONAL GOALS

While here at Edmonds Community College, what program are you studying?

- | | |
|--|---|
| <input type="checkbox"/> AA/AS Transfer (Major): _____ | <input type="checkbox"/> Certificate: _____ |
| <input type="checkbox"/> ATA/AAS-T: _____ | <input type="checkbox"/> Other: _____ |

What classes do you plan to take during your next academic quarter?

For the following sections, you may attach additional sheets if needed.

PART 2 – EXPLANATION

Please provide a brief explanation as to why you were unable to maintain Satisfactory Academic Progress. Please provide examples of challenges you faced or barriers that prevented your success.

PART 3 – CORRECTIVE ACTION

Please explain any corrective action you have taken to assure Satisfactory Academic Progress in the current and/or upcoming quarter(s). Please provide examples about how you plan to be successful and overcome any challenges or barriers that may still be present.

**DO NOT WRITE BELOW THIS LINE
FOR ACADEMIC SUCCESS REVIEW COMMITTEE**

Qtr on Restriction: _____

- Form submitted/mailed by student
- Advisor met with student in person Date: ____/____/____
- Approved** **Date:** _____ **Advisor:** _____
 - Block Removed Alert Removed Note in SARS List edited Emailed student
- Denied** **Date:** _____ **Advisor:** _____
 - Note in SARS