



# PETITION FOR ENROLLMENT IN A COURSE IN EXCESS OF TWO ATTEMPTS

SPOKANE COMMUNITY COLLEGE  
SPOKANE FALLS COMMUNITY COLLEGE

Note: Requests for exceptions to enroll will only be considered for enrollment if submitted by the second day of the quarter and processed no later than the end of the first week of the quarter.

**TO BE COMPLETED BY THE STUDENT**  
**(Use the back of this page if additional space is needed)**

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Day Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

COURSES TO BE REPEATED	CREDITS	TIME	INSTRUCTOR

1) What specific factors do you believe prevented you from being successful in this course?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) Which campus resources will you access to help ensure you are successful in this course? Are there any additional resources we can assist you with accessing?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) What additional steps will you take to assist you in meeting your goal to successfully complete this course?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REPEAT SUCCESS CONTRACT**

**SPOKANE COMMUNITY COLLEGE  
SPOKANE FALLS COMMUNITY COLLEGE**

***TO BE COMPLETED WITH A COUNSELOR or FACULTY ADVISOR***  
***Please schedule an appointment with a Counselor or your Faculty Advisor***

4) What is your proposed course schedule for the coming quarter?

4 or 5-Digit Class Number (ex: 12345)	COURSE	CREDITS	TIME	INSTRUCTOR

5) What are the recommended additional resources as part of the Success Contract?

- Tutoring
- Study Groups
- Follow Up Meetings with the Counselor or Faculty Advisor
- Other as follows

**COUNSELOR or FACULTY ADVISOR COMMENTS/ADDITIONAL RECOMMENDATIONS:**

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**COUNSELOR OR FACULTY ADVISOR NAME (PLEASE PRINT)**

\_\_\_\_\_  
**COUNSELOR OR FACULTY ADVISOR SIGNATURE**

\_\_\_\_\_  
**DATE**

By signing this form, you agree to be enrolled in the class (or added to the class waitlist) and agree to pay all charges that result from the processing of this request.

\_\_\_\_\_  
**STUDENT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**RETURN COMPLETED FORM TO ADMISSIONS AND REGISTRATION  
SCC – IN BUILDING 15  
SFCC - IN BUILDING 17**

**SPOKANE COMMUNITY COLLEGE  
SPOKANE FALLS COMMUNITY COLLEGE**

**FOR ADMISSIONS / REGISTRATION USE ONLY**

**STUDENT NOTIFIED WHEN ENROLLED:**

**IN PERSON**     **PHONE**     **EMAIL**                      **DATE:** \_\_\_\_\_

**COMMENTS:**

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**ADMISSIONS/REGISTRATION SIGNATURE**

\_\_\_\_\_  
**DATE**