



APPLICATION FOR CONTINUED ENROLLMENT

Please submit this page, along with a separate document with answers to the questions below, to the Associate Dean of Student Development at the address above or via email to connan.campbell@scc.spokane.edu and connie.johnson@scc.spokane.edu

Please note that this is an application. There is no guarantee of continued enrollment.

Student Name: _____
first middle last ID#

Phone: _____ Email: _____

Continued Enrollment is requested for: _____
Qtr Year

What academic program are you interested in: _____

Personal Statement

Please respond to each of the following questions on a separate document. Submit your statement at least 24 hours prior to your scheduled meeting via email to connan.campbell@scc.spokane.edu and connie.johnson@scc.spokane.edu

You may answer each question separately or include all together in a single statement. Please remember that your continued enrollment is not guaranteed, and that the commitment and honesty you demonstrate through this application will be carefully considered. Responses to these questions should be in full-sentence format and should total between at least ¾ to a full page in length for all questions.

1. Describe reasons or factors that lead to your low grade point average over the three quarters. Factors might have included outside work commitments, medical issues for you or a family member, negative personal relationships, financial difficulties, lack of transportation, or a lack of motivation/interest. (Please be honest, but you do not need to describe every circumstance over the three quarters.)
2. How have the above circumstances changed and/or how you have addressed these challenges so that you can do better in the future. What plans or resources do you now have in place that will help you do better than before?
3. Why you are interested in the academic degree/certificate program you want to enroll in or continue in?
4. Describe any plans you have in place to pay tuition and fees if they are not covered by Financial Aid.

Student Signature: _____

Date: _____