I am applying to receive EOPS support services such as counseling, tutoring, priority registration, assistance with textbooks and transportation, transfer services and more. As an EOPS student accepting these support services, I agree to (initial each statement in space provided):

____ Attend a Mandatory EOPS New Student Orientation.  

Initial

____ Maintain satisfactory progress towards earning an associate degree, certificate, and/or transfer requirements:  

Initial  

- Complete a minimum of 12 units each semester; unless approved for less than 12 units.  
- Maintain a minimum 2.00 semester and cumulative grade point average (a “C” average).  
- Follow my Student Educational Plan (SEP) which is developed or revised with my assigned counselor.

____ Complete the CRER 121: “Planning for Student Success” class or an approved substitute course- no later than my first semester in EOPS; earning a “C” grade or better. 

Initial

____ Complete semester (class) enrollment on EOPS Priority Registration day.  

Initial

____ Complete Monthly Academic Progress Reports (APR) to assess my academic progress in each course enrolled.  

Initial

____ Meet with my EOPS Counselor three times each semester (within specific timelines) for academic counseling, monitoring, and evaluation:  

Initial  

- Inform my EOPS counselor when I am experiencing any difficulties which may affect my academic progress.  
- Authorize my EOPS counselor to contact my instructors for a report of my academic progress.  
- Notify my EOPS counselor when adding or dropping classes; and before terminating my attendance.  
- Attend EOPS sponsored workshops and meet with a tutor as needed to assist with my coursework and progress.

____ Apply for state (BOGW) and/or federal (FAFSA) financial aid each year.  

Initial

____ Agree to check my college email account (my.smccd.edu) frequently.  

Initial

____ Inform EOPS and Admissions & Records Offices of name, address, or telephone number changes.  

Initial

Additional Information:

____ I understand my EOPS eligibility is limited to 70-degree applicable units or six (6) consecutive semesters, whichever comes first.  

Initial

____ I give permission for my academic achievements (ex: dean’s list, scholarship, degree) to be recognized in the EOPS newsletter and related written materials. (See EOPS staff if you do not want to be recognized)

Initial

I understand that acceptance of EOPS support services means I will comply with this contract. My continuing eligibility will be determined based on my compliance with this contract. My failure to comply will result in being placed on probation or dismissed from EOPS. If I am placed on probation all EOPS support services will be reduced and I will be required to satisfy additional program requirements. If I am dismissed from EOPS, I must stay out for two-semesters before reapplying to EOPS.

________________________________________    ___________________________________/__________  
PRINT    Last Name, First Name            Signature                Date

The EOPS staff agrees to provide the above identified support services to assist you to reach your educational goal(s).

____________________________________/___________  
EOPS Coordinator/Counselor                           Date