College of San Mateo

Extended Opportunity Programs & Services (EOPS)

Mutual Responsibility Contract

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 (read and initial each statement in space provided):

____ Initial Attend a Mandatory EOPS New Student Orientation and:

____ Initial **1.** Maintain satisfactory progress towards earning at least one of the following educational goal(s):

Certificate, Associate Degree, and/or Transfer requirements:

1.1 Complete a minimum of 12 units each semester; unless approved for less than 12 units.

1.2 Maintain a minimum 2.00 semester and cumulative grade point average (a "C" average).

1.3 Follow my Student Educational Plan (SEP) which is developed and/or revised with my assigned counselor.

____ Initial **2.** Complete the COUN 111: *College Planning* course or an approved substitute course - no later than my second semester in the EOPS program; earning a passing grade (i.e. - Pass/"C" grade or better).

____ Initial **3.** Complete semester (class) enrollment on EOPS Priority Registration day.

____ Initial **4.** Complete monthly Academic Progress Reports (APR) to assess my academic progress in each course enrolled.

____ Initial **5.** Meet with my EOPS Counselor **three times each semester** (within specific timelines) for academic counseling, monitoring, and evaluation:

- 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.

____ Initial My EOPS eligibility is limited to 70-degree applicable units.

____ Initial Apply for state California College Promise Grant (CCPG) and/or CA Dream Act or federal (FAFSA) financial aid each year.

Additional Information:

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

____ Initial Inform EOPS of name, address, or telephone number changes; and update my WebSMART student records account.

____ Initial My academic achievements (ex: dean's list, scholarship, degree) may be recognized in the EOPS newsletter and related written materials. (See EOPS staff if you do not want to be recognized)

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 warning status and possible dismissal from EOPS. If I am placed on warning status, all EOPS support services may be reduced and I may be required to satisfy additional program requirements. If I am dismissed from EOPS, I must remain 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