



Extended **O**ppportunity **P**rogram & **S**ervices
MUTUAL RESPONSIBILITY CONTRACT

I, _____, fully consent to the following terms as explained to me by the EOPS personnel.

- I will meet with an EOPS counselor a minimum of three (3) times per semester. I understand that I may substitute one (1) of my counselor meetings with an EOPS advisor.
- I will use my EOPS Priority Registration.
- I will maintain a minimum 2.0 grade point average (GPA) each semester.
- I will maintain reasonable academic progress toward a certificate degree, associates degree, or transfer goal as shown on My Academic Plan (MAP).
- I will within two months of acceptance into the EOPS program, provide income documentation from state or federal income tax forms, or public assistance documentation or other documentation as required for financial aid by the college of attendance.
- I will complete an EOPS Information Session at the beginning of each fall semester.
- I will utilize the EOPS book voucher for the purchase of required textbooks only.
- I will discuss schedule changes, adds, drops, or withdrawals from a class, with an EOPS Counselor.
- I will provide a written, signed statement to the EOPS Office if I do not wish to continue my participation in the EOPS Program.
- I will utilize MySite to indicate changes for pertinent information (such as address, phone number, etc.).
- I understand that it is my responsibility to view the EOPS website regularly for updated information (i.e. availability of services such as book vouchers, parking permits, bus passes, etc., deadlines and upcoming events).
- I authorize the release of information to the EOPS staff for the purpose of monitoring academic and program evaluation.
- I understand that eligibility for EOPS services may be discontinued once I reach 70 degree-applicable semester units and/or six consecutive semesters of services based on the major I declared when I initially was admitted into the EOPS Program.
- I understand that all grants and vouchers are dependent on current financial aid eligibility and the existence of adequate unmet need which is equivalent to any grant or voucher.
- I understand that failure to fulfill the responsibilities listed on this contract could result in my termination/suspension from the EOPS program.
- I understand that I can only re-apply for EOPS once after being exited from the program. I understand that no exceptions will be made to this rule.

Provided the above requirements are met, EOPS will provide all applicable services offered through EOPS, including but not limited to: counseling, book vouchers, grants, meal vouchers, gas cards, priority registration, parking permits and/or bus pass and tutoring (if available).

Student Signature _____ ID# _____ Date _____

EOPS Staff Signature _____ Date _____