Chaffey College

Extended Opportunity Programs & Services (EOPS) & Cooperative Agencies Resources for Education (CARE)

Mutual Responsibility Contract

I,_____ understand as a **participant in good standing** that I am entitled to receive services form the Chaffey College Extended Opportunity Programs & Services (EOPS) and that these services will include some or all of the following:

- Math and English Tutoring Free of Charge
- Academic and Limited Personal Counseling Free of Charge
- Priority Registration
- Orientation to College Classes
- Cultural Awareness Activities
- Book Service to ***Assist*** in Purchasing Textbooks
- Payment of Selected Campus and Material Fees
  Please Note: Not all services are available every semester

To maintain participation in good standing I understand that I must:

_____Maintain Full Time enrollment Each Semester
Full Time=12 units

_____Participate in a **Start Term** (Sept. & Feb.), **Mid Term** (Oct. & March), and **End Term** (Nov. & April) Interview each semester that I am an EOPS participant. I understand that it is my responsibility to contact EOPS to schedule these appointments during the appropriate time and that I may not receive a reminder.

_____Maintain satisfactory academic progress as determined by Chaffey College and EOPS.

_____Enroll only in those classes designated by my EOPS approved Educational Plan.

_____Notify EOPS of any changes in my name, address, telephone, or Chaffey College enrollment status.

_____Obtain written approval from an EOPS counselor **BEFORE** dropping a class or modifying my academic program in any way.

_____Attend all scheduled appointments. I understand that I am responsible for canceling appointments I am unable to make.

_____Enroll in and complete Guidance 402, Orientation to College, with a grade of C or better.

_____Read and comply with the EOPS Policy Statement.

Guidance 402 will be completed

_____
Student's Signature Date

_____
Orientation Staff

_____
EOPS Counselor

Received Stamp Here

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