



EOPS

Mutual Responsibility Contract (between EOPS and Program Participant)

Program Participant (Print Name): _____

Initial (To be eligible for EOPS services I must agree to the following responsibilities):

- _____ 1. I will attend an EOPS Orientation at the beginning of each semester in order to receive EOPS services for that semester.
- _____ 2. I will meet with a counselor a minimum of two (2) times each semester. The first counseling contact can be up to 2 weeks prior to the first day of classes of the semester, and the second contact must be done before the last day of the semester. The first appointment should be to create or update my Student Educational Plan. The second appointment should be for my registration for the following semester. If this is my last semester at COS, I will meet with the EOPS Counselor to discuss my plans. **Required Contacts (2)**
- _____ 3. I will check my progress report **at least once** during the semester (*first and second census office check-ins*). **Required Contact (1)**
- _____ 4. I will complete the forms for the End-of-Semester Check-in during the last month of the semester.
- _____ 5. I understand the chart below are the book voucher funding levels I will receive the following semester based on my fulfillment of the program required contacts:

| Contacts | % of book voucher amount I will receive |
|----------------------------------|---|
| 2 counseling + 1 progress | 100% |
| 1 counseling + 1 progress | 50% |
| 0 counseling + 1 (or 0) progress | 0% |

- _____ 6. I understand that I must be registered full time (at least 12 units unless approved by DSPS) for Fall 2012 by July 20, 2012 to receive a book voucher in Fall 2012.
- _____ 7. I understand I must be enrolled in counselor approved general education and degree specific/major courses every semester until I have fulfilled the requirements for my educational goal. I will maintain enrollment in a Math and/or English course each semester until I have completed the requirements for my degree and/or certificate.
- _____ 8. I understand I must have an updated Student Educational Plan on file every semester.
- _____ 9. I will maintain a semester GPA of 2.0 and complete at least 50% of my attempted semester units. I understand if I do not comply I will be subject to EOPS probationary conditions in order to maintain my EOPS eligibility.
- _____ 10. I will notify the EOPS Office if I plan to withdraw from College of the Siskiyous.
- _____ 11. I understand that I cannot receive funding for the same services (i.e. book, transportation and/or childcare services) from another program (**no double funding**). I authorize EOPS to discuss the services I receive with other campus programs and county agencies.

I understand that EOPS is a voluntary program and that failure to adhere to the above requirements may result in action; possibly including dismissal from the program. If I am not willing to comply with these requirements, I may choose to withdraw from the program. I am also aware if I am found abusing EOPS services and/or staff, I may be dismissed from the program.

Student Signature _____ Date _____

If you fulfill the above requirements, the EOPS Program agrees to provide you with the following services until you have completed 70 degree applicable college units, or been served by EOPS for six consecutive semesters, whichever comes first:

1. Counseling services assisting you with your educational plan, registering, academic advising, financial aid, career and personal concerns while pursuing your academic goals
2. Book voucher and semester starter kit (subject to available funding)
3. Miscellaneous services – bus passes, loan of calculator or mini-recorder each semester, payment of the PTK membership fee, and payment of the commencement fee (subject to available funding)
4. Monitoring of your academic progress and notification when you are not fulfilling program requirements

EOPS Staff Signature _____ Date _____

