



**REEDLEY COLLEGE EOPS/CARE STUDENT AND PROGRAM MUTUAL RESPONSIBILITY CONTRACT**

I \_\_\_\_\_ agree to abide by the following requirements so as to improve my chances for success in the EOPS/CARE program. Failure to adhere to one/or any of the following stipulations; may result in being exited from the program.

**(PLEASE READ EACH OF THE FOLLOWING REQUIREMENTS CAREFULLY AND INITIAL BEFORE EACH NUMBERS.)**

- \_\_\_\_\_ 1. I agree to take all placement and/or assessment tests as required by the college.
- \_\_\_\_\_ 2. I agree to see an EOPS counselor for the purpose of developing a Student Educational Plan (SEP).
- \_\_\_\_\_ 3. I agree to follow my SEP and make progress toward completing my educational goal (i.e. earn a certificate, associate degree, or transfer certification).
- \_\_\_\_\_ 4. I agree to meet with an EOPS counselor a minimum of three (3) times a semester, and depending on my academic progress, I may be required to see my counselor more often.
  - A. The three (3) counseling appointments per semester must be completed by the end of the semester and be scheduled 21 days apart to fulfill this requirement. (1 appointment can be fulfilled with an EOPS Educational Advisor). Scheduled appointments must be completed outside of class time.*
  - B. Promise Scholars students will complete additional counseling appointments and may be required to meet other criteria as listed in the Promise Scholar Mutual Responsibility Contract.*
- \_\_\_\_\_ 5. I agree to enroll in and successfully complete a minimum of **12 units per semester** with a term **GPA of 2.0** or better.
- \_\_\_\_\_ 6. I agree to attend required EOPS Aiming 4 Success workshops.
- \_\_\_\_\_ 7. I agree to participate in 2-4 hours of assigned "tutorial" each week if I am enrolled in basic skills Math or English classes as assigned by the Counselor or Educational Advisor. (Math 250, 256, 201 or English 260, 252, 262)
- \_\_\_\_\_ 8. I agree to notify the EOPS staff if I encounter personal, academic, or financial difficulties.
- \_\_\_\_\_ 9. I agree to notify the EOPS staff of any changes in class schedule, units, phone number, mailing or e-mail address.
- \_\_\_\_\_ 10. I agree to share my academic information with other college programs/staff or faculty, for the purpose of academic support.
- \_\_\_\_\_ 11. I understand that failure to adhere to any contract requirements may result in a reduction of EOPS textbook voucher.

**EOPS/CARE program eligibility is limited to completion of 70 degree applicable credit units and/or completion of six semesters of college enrollment, or after receiving an AA/AS degree. (Exceptions can be made for high-unit majors.)**

In return for fulfilling your contract obligations, you will receive the following services from EOPS:

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|---|------------------------------|
| 1. EOPS Counseling and Advising         | _____                        |
| 2. Academic Progress Monitoring         | Date                         |
| 3. Priority Registration                |                              |
| 4. Achievement Recognition              | _____                        |
| 5. Textbook Service (EOPS Book Voucher) | Student Signature            |
| 6. Transfer Assistance                  |                              |
| 7. Scholarship Opportunities            | _____                        |
| 8. Tutorial Services                    | EOPS/CARE Director Signature |