

E.O.P.S.
2020 FALL and 2021 SPRING Mutual Responsibility Contract

Students printed First and Last Name: _____

Student's Phone Number: _____

Student's ID Number: _____

To maintain participation in good standing, I agree to:

Student Initial

_____ Attend an EOPS Orientation at least once while enrolled in EOPS and be in good standing in order for EOPS to pay for my cap and gown.

_____ Maintain satisfactory academic progress as determined by Victor Valley College and EOPS.

_____ Enroll only in classes designated by my EOPS educational plan and inform EOPS counselors BEFORE dropping any class(es), or modifying my Educational Plan in anyway.

_____ Complete an EOPS student update form if I change my name, address, telephone, and/or enrollment status.

_____ Attend two counseling appointments and turning in progress reports for *fall 2020* and *spring 2021*.

If I exceed three petitions I will have to sit out a semester.

_____ I am responsible for canceling appointments that I am unable to attend.

_____ **FALL 2020** I will make my first counseling contact by October 16, 2020 if I was accepted into the program before September 25, 2020. If I was accepted into the program after September 28, 2020, the **First** counseling contact must be made by November 13, 2020.

_____ **FALL 2020** progress reports will be available for pick-up September 21, 2020 and will be due by November 20, 2020. It is my responsibility to fully read the instructions on the back of the progress report for instructions and requirements.

_____ **SPRING 2021** I will make my first counseling contact by April 09, 2021 if I was accepted into the program before March 19, 2021. If I was accepted into the program after March 22, 2021, the **First** counseling contact must be made by April 23, 2021.

_____ **SPRING 2021** progress reports will be available for pick-up beginning March 15, 2021 and will be due by May 21, 2021. It is my responsibility to fully read the instructions on the back of the progress report.

As a student, I understand that failure to fulfill my part of the Mutual Responsibility Contract will result in being placed on petition or inactive status in the EOPS Program or other appropriate action as determined by the EOPS Director. I have read and understand the conditions of the Mutual Responsibility Contract, and I agree to the conditions as stated above.

Student's Signature Today's Date

Carl D. Smith

EOPS Director, Carl D. Smith

Peer Advisor's Signature Today's Date

Fall 2020

Semester Year