Hartnell College

Extended Opportunity Program and Services - EOPS
Cooperative Agency Resources for Education - CARE

Mutual Responsibility Contract

Mission Statement: *Extended Opportunity Program and Service (EOPS) will provide service "Over and Above" other programs on campus to enhance the retention of students, and assist them in challenging economic, academic, language, and social barriers. The program will provide an environment that encourages and facilitates successful completion of educational objectives and goals, including but not limited to, obtaining job skills, occupational certificates or associates degree, and transferring to four-year colleges.*

EOPS staff is willing to support "Self-Determination" belief in every student:
A self-determined person is one who sets goals, makes decision, sees options, solves problems, speaks up for himself or herself, understands what supports are needed for success, and knows how to evaluate outcomes. (Martin & Marshall, 1996)

PLEASE READ THIS CONTRACT CAREFULLY AND, IF YOU AGREE TO THE TERMS, PLEASE SIGN WITH YOUR COUNSELOR BEFORE RECEIVING EOPS SERVICES.

To Remain Eligible for EOPS:

_____ I have attended the mandatory EOPS Orientation.

_____ I will develop and update my educational Plan with my counselor and make progress toward my academic or vocational goals.

_____ I will maintain a GPA of 2.0 every semester, per Hartnell College Standards.

_____ I will attend three counseling contacts each semester and I will use the Tracking Sheet to make informed decisions.

_____ I will as a new student, enroll in at least 12 units and not drop below 6 units. (see my counselor before dropping classes)

_____ I am responsible for updating my personal information with the school and EOPS office, if I move or change telephone numbers/email.

_____ I will submit the EOPS/CARE Mid-term Progress & Evaluation Report By the due date and have it signed by my instructors REGARDLESS OF UNITS and GRADES and seek assistance throughout the semester.

_____ I will respond promptly and professionally to any correspondence from the EOPS office.

_____ I will treat and expect to be treated by Hartnell Faculty, staff, counselors and students with respect, courtesy and dignity.

By meeting the goals set forth in this agreement, the Office of EOPS agrees to provide the following services:

- Academic, Career & Personal Counseling
- Assistance in completing financial aid applications
- Assistance with Priority Registration
- Student Success Workshops
- Employment Referrals/Letters of Recommendation
- Fee waivers for UC and CSU admission application
- Provide graduation cap and gown
- Fieldtrips related to academic and career exploration
- EOPS Grants & Scholarships
- Monitoring of academic progress
- Textbook credit service
- Transfer advisement
- Calculator Loan Program

CARE

- Hartnell Cafeteria Meal Plan
- Bus Passes or Parking Permit
- CARE grants
- Seminars and Conferences

I have read and understand that any misuse of program benefits and /or not complying with the above terms. I may be placed on probation or be terminated from the program. I will remain eligible for EOPS/CARE until the completion of 70-degree applicable units (some exceptions may apply) and or having participated in EOPS for six (6) consecutive semesters

_____ _____
Student Signature Date Student I D #

_____ _____
Student Printed Name EOPS/CARE Counselor Date