



DE ANZA COLLEGE
Extended Opportunity Programs & Services
Mutual Responsibility Contract

As a condition of accepting and receiving EOPS/CARE support services,

I, _____ will

Print Name (First, M.I., Last)

1. enroll in and maintain 12 units per quarter. I understand that failure to complete at least 9 units or maintain at least a 2.0 GPA in two consecutive quarters may result in my disqualification from EOPS/CARE.
2. meet with an EOPS Counselor/Academic Advisor at least twice per quarter to complete or review my academic plan.
3. follow my academic plan and inform EOPS/CARE before making any changes in my class schedule, units, or major.
4. not be able to participate in EOPS/CARE registration for the following quarter if I do not show up for my counseling appointment twice in one quarter. Two (2) no-shows in any term may impact my book funds eligibility.
5. authorize the release of information to EOPS/CARE for the purpose of monitoring academic progress and program evaluation.
6. complete an exit interview when I accomplish my educational objectives at De Anza College.

CARE students only:

- inform staff of any changes to my TANF (Cash Aid) benefits
- submit current TANF verification of benefits quarterly

I understand that failure to fulfill this EOPS/CARE Mutual Responsibility Contract could result in my termination from EOPS/CARE or the loss of any or all EOPS/CARE services.

Student Signature

Date

Student ID Number

If you agree to the above terms, EOPS/CARE agrees to provide you with the following services:

- | | |
|--|--|
| • Academic, career and personal counseling | • Transfer information and assistance |
| • EOPS/CARE registration | • Financial aid and scholarship application assistance |
| • Book funds for eligible students | • Workshops and special activities |
| • EOPS/CARE grants for eligible students | |

EOPS/CARE Staff Signature

Date

Date reviewed: _____

Student Signature

Staff Initials

Date reviewed: _____

Student Signature

Staff Initials