

## West Los Angeles College EOPS/CARE Mutual Responsibility Contract

EOPS/CARE agrees to provide the following services:

Book Voucher	Letters of Recommendation	University Trips
Priority Registration	Scholarship Information	
Counseling	Peer Advising	
UC/CSU application fee waivers	Workshops	
Tutorial/Study Skills Assistance	C.A.R.E.(single parent assistance)	

EOPS Student's Responsibilities- As an EOPS Student, I agree to:

1. Enroll in and complete 12 units each semester with a 2.0 GPA to maintain satisfactory academic progress. \*Students with special needs may request a reduced course-load, if appropriate (DSPS)
2. Meet with a counselor or designee, a minimum of three (3) times a semester for:  
A. Educational Planning (SEP) B. Academic Progress Review (may meet with Peer Advisor) C. End of Semester Exit Review
3. Comply with EOPS instructional requirement-Students in their first year are required to take PD5 or PD 17- College Survival. Continuing students in their third semester and beyond are required to take PD 8- Career Planning and Development, or PD 4- Career Planning.
4. Attend one workshop or complete other approved activities such as tutorial contacts, university trips, and approved videos.
5. Respond to all EOPS program requests relative to your participation and involvement in the EOPS Program.
6. Make adequate academic progress towards the completion of a college certificate, degree or transfer goal defined in an EOPS educational plan.
7. Take Math and English courses as required for goal completion within first year of program participation.(Requires completion of assessment testing)
8. Notify EOPS/CARE and Admissions Office if I change my address.

I certify that I have been informed of EOPS/CARE services and my responsibility to follow these requirements. I understand that if I fail to comply with them, that I may be ineligible for EOPS financial aid and/or services. \_\_\_\_\_ (initials)

I also certify that I have been informed of the EOPS/CARE limit of 70 degree-applicable units in all colleges attended and/or 6 consecutive semesters of attendance in the EOPS/CARE Program. \_\_\_\_\_ (initials)

Last Name	First Name (print)	Student ID#	Signature	Date
-----------	--------------------	-------------	-----------	------

\_\_\_\_\_  
EOPS Director / Designee

\_\_\_\_\_  
Date