

## **Extended Opportunity Programs & Services**

## **Mutual Responsibility Contract**

Name *				Student ID*		
First Name	Initial (optional)	Last Name				
Email*				Semester you are applying for services: *		
				spring 2023		
Citrus College EC	OP&S prov	vides the followin	g serv	ices to eligible stude	nts:	
Academic, career and personal counseling Community resource referrals University fee waivers			Pri	ants and gas cards ority registration ok services	Tutoring Peer advising Workshops	
,			_	box. I understand and a y the deadline dates set	agree to fulfill my by EOP&S each semester.	
First Contact: I wil	l complete a	meeting with an EOP8	SS coun	selor at the beginning of ea	ch semester where my Student	
Educational Plan will I	pe developed	d or updated to ensure	progre	ss towards my educational	goal.	
Progress Report (2	2nd Contact)	: I will complete and su	ıbmit a ı	mid-term Progress Report	each semester that includes	
tentative grades for e	ach class I an	n enrolled in. I underst	and this	is a tool to help improve m	y academic performance and not a	
punitive process utiliz	ed to remov	e me from the program	n.			
Exit Interview (3rd Contact): I will complete a meeting with an EOP&S counselor during the second half of the semester to						
discuss my academic progress and review my EOP&S eligibility status for the following semester.						
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$\begin{tabular}{l} \blacksquare \ \ I \ understand \ that \ if \ I \ do \ not \ complete \ all \ required \ contacts \ in \ any \ given \ term, \ my \ book \ services \ will \ be \ reduced \ in \ the$						
subsequent term.						
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $						
☐ I will inform EOP&	S of changes	to my class schedule (	droppin	g below 12 units or official	ly withdrawing from the semester	
at any point).						
☐ I will notify EOP&S	directly of a	any changes to my conf	tact nun	nber or address.		
☐ I will follow the "St	tandards of C	Conduct" as detailed in	the Cit	rus College Catalog.		
☐ I understand that a	as long as I re	emain in good standing	g, I may o	continue in EOP&S until: a)	I reach a maximum of 6	
consecutive semester	s (excluding	summer or winter); b)	l comple	ete 70 units of degree appli	cable coursework; c) I receive an	
AA/AS/ADT; OR d) I transfer to another institution (students in approved high unit majors have exceptions to "a-c").						
☐ I understand I will	automatical	ly be entered for servi	ces each	semester that I am eligible	e to participate in EOP&S unless I	
notify the office that I	no longer w	ish to participate.				
By signing helow	and subm	sitting this docum	ont Li	inderstand that failur	so to fulfill my	

By signing below and submitting this document I understand that failure to fulfill my responsibilities as listed in this contract may result in my dismissal from EOP&S and cancelation of further services or other appropriate action as determined by the EOP&S director or counselor. This agreement is valid until such time that I officially withdraw, graduate, transfer or meet eligibility limitations. Furthermore, I hereby authorize my release of information to EOP&S from the informational resources of the college for the purpose of monitoring my academic progress and program evaluation.