

Santa Ana College

EOPS/CARE Program's Mutual Responsibility Contract (MRC)

READ CAREFULLY. This document will become a part of your EOPS/CARE student file.

As an EOPS/CARE student, I agree to comply with the following requirements and expectations to remain eligible for program participation and the full level of benefits and services.

1. I will adhere to deadlines and respond to program-related communications (phone/email) within two business days.
2. Each Fall and Spring semester, I will complete the required counseling contacts as follows:
 - **TWO** individual **counseling** appointments to create/update my Student Educational Plan (SEP), and discuss my progress towards my educational goal(s) and the counselor's recommendations/referrals.
 - I understand that failure to cancel an appointment by 12:00 Noon of the previous business day is counted as a no-show.
 - AND
 - **ONE Early Scheduling Session** to plan the next semester's coursework in preparation for Priority Registration.
3. Enroll in a minimum of 12 units for Fall and Spring semesters and maintain continuous term-to-term enrollment (excluding intersession and summer sessions).
 - I will obtain advance approval from an EOPS counselor for permission to carry fewer units, or for any changes to my unit load (e.g. course drop or withdrawal) or approved semester plan, and provide verifiable documentation if requested. If necessary, I will schedule a non-mandated appointment with an EOPS Counselor to discuss my needs and concerns.
4. I will maintain a 2.0 GPA and complete 51% of attempted units each semester to meet the College's minimum requirements for good academic standing and satisfactory progress.
5. I will return any book(s)/calculator(s) borrowed from the EOPS Resource Center no later than the date indicated on book/calculator loan agreements.
6. I will not transfer/receive any program benefit or service (e.g. book) to/from another person.
7. I understand that my participation with Santa Ana College's EOPS/CARE program will **terminate** when:
 - I have completed six semesters; or
 - I have completed my approved extension of time for a high unit major; or
 - I have completed all the requirements for my stated educational goal(s) [Certificate*, AA, AS, AA-T, AS-T; transfer-readiness] (*this does not include GE Certification for transfer to UC or CSU); or
 - I am out of compliance with any part of the Mutual Responsibility Contract or have had 2 no-shows for counseling appointments in the same semester.

My signature indicates that I will comply with all of the above to remain eligible for EOPS/CARE participation and the full level of program benefits and services.

Last Name: _____ First Name: _____ Signature: _____

Student ID #: _____ Email: _____ Phone: _____

EOPS/CARE Designate Signature: _____ Date: _____