



Participant Responsibility Contract

I understand that the SSS staff can assist me in achieving my success only if I fulfill my obligation, and that failure to meet my responsibilities as listed below can result in suspension or termination from the program.

1. I agree to enroll in nine (9) or more units each fall and spring semester and maintain at least a 2.0 GPA. Initials _____
2. I will meet with a counselor **once** a semester and follow a prescribed educational plan. Initials_____
3. I agree to talk to the TRIO/SSS counselor before dropping any course. Initials _____
4. I agree to attend all of my scheduled classes. If I know I will be absent ahead of time, I will inform my instructor. Initials _____
5. I agree to enroll in remedial classes if they are prescribed for me. Initials _____
6. I agree to attend study skills workshops and tutoring sessions when needed or mandated by the TRIO/SSS program. Initials _____
7. I agree to allow the TRIO/SSS staff to receive grade reports from all of my instructors twice a semester to ensure that I am making satisfactory progress. (If I receive a poor report, I agree to arrange with the TRIO/SSS staff for tutoring and counseling.) Initials _____
8. I agree to complete my goal of transfer to a four (4) year institution when I have completed my course work at Valley College. Initials _____
9. I agree to attend a minimum of **one** cultural or transfer event each semester. These may include field trips such as college visits, museum/theater visits, workshops, or club meetings. In addition, I will attend other events that will help my college success, such as tutoring, additional counseling sessions, etc. initials _____
10. I agree to maintain an active email address and check my messages at least once a week. If I do not have an email account, I must apply for a free campus email address. I will give this address to the TRIO/SSS staff. Initials _____
11. I agree to notify the TRIO/SSS office and the Admissions Office of any change of name, address, phone number or social security number. Initials _____
12. I understand that failure to comply with the above program requirements may be cause for my removal from the Student Support Services Program. Initials _____

Name (Please print)

Date

Participant's Signature

Counselor's Signature