

**Los Angeles Valley College  
Extended Opportunity Programs And Services  
EOPS/CARE Mutual Responsibility Agreement**

**EOPS Responsibilities:**

***To increase the access and success of students who are low income and educationally disadvantaged, EOPS agrees to provide the following services:***

- |  |                            |
|--|----------------------------|
| 1. Academic, Career, Personal Counseling | 5. EOPS/CARE Book Services |
| 2. Priority Registration                 | 6. Child Care Assistance   |
| 3. Tutoring/Study Skills Assistance      | 7. Progress Monitoring     |
| 4. Transfer and Career Assistance        | 8. Job Employment Skills   |

**EOPS Student Responsibilities:**

***As an EOPS/CARE Student, to help achieve my educational goal, I agree to:***

1. Enroll in and complete 12 or more approved units each semester to maintain progress.
2. Meet with an EOPS counselor at least **two (2) times each semester** to:
  - Develop or update my education plan and discuss my progress.
  - Discuss my plans for the next semester and/or choose my classes.
  - Have additional meetings with an EOPS counselor if:
    - My GPA falls below 2.0 or I withdraw from more units than I complete.
    - I do not know my educational major or goal.
    - My teachers refer me to counseling during *Early Alert*.
    - I do not make satisfactory progress on my Progress Card.
    - I add or drop a class, withdraw from college or transfer to another college.
3. Make use of Tutorial Services when I have difficulty with my classes.
4. Attend special classes or workshops such as study skills or time management as recommended by my EOPS counselor.
5. Follow graduation, transfer, or certificate requirements necessary to complete my educational goal.
6. Have my instructors sign a **Student Academic Progress Card each semester**, return it to the EOPS Office and meet with EOPS staff by the due date.
7. Notify the EOPS Office and the Admissions Office if I change my name, address, or phone number.

*I understand that I will not be eligible for an EOPS book service for the next semester if I do not see the EOPS counselor twice or return my progress card by the due date; I will be eligible for all other services. \_\_\_\_\_ (Please initial)*

*My eligibility is for 6 consecutive semesters or until I complete 70 degree applicable units.*

***I certify that I have been informed of EOPS/CARE services, responsibilities and opportunities. Failure to follow these guidelines may result in termination of EOPS/CARE eligibility.***

<b>Last Name</b> (please print)	<b>First Name</b>	<b>Social Security #</b>
<i>(Student's Signature)</i>		<i>(Date)</i>
<i>(EOPS Director)</i>		<i>(Verified)</i>