I hereby acknowledge and understand that if I am accepted into the EOPS/CARE program at Santa Barbara City College, I will:
1. complete the assessment tests as recommended by either the college or the EOPS/CARE program;
2. apply for the BOGW (Board of Governors waiver) and Financial Aid each academic year;
3. enroll in 12 units (unless otherwise approved), complete each semester with a 2.0 grade point average or better or maintain a cumulative grade point average 2.0; and each semester complete 75% of units attempted;
4. meet with an EOPS/CARE Academic Counselor twice a semester to complete and/or update my SEP (Student Education Plan);
5. follow my SEP (Student Education Plan);
6. notify my Special Program Advisor or EOPS Academic Counselor of any changes to my class schedule or units;
7. meet with my Student Program Advisor and also meet with my assigned peer advisor two (2) times per semester
8. enroll in and complete Personal Development 107 (Single parent students only);

This agreement is valid until I withdraw, graduate or transfer from SBCC, or once I have accumulated 70 or more degree applicable college units, or I have been enrolled six consecutive semesters in EOPS/CARE. I also understand that if I do not follow this contract, I may be placed on EOPS/CARE probation and/or disqualification.

I understand that I will be placed on EOPS Academic probation if I fail to complete 75% of the units attempted; or I earn less than a 2.0 grade point average in any given semester unless my cumulative grade point average remains greater than a 2.0.

Student Signature _______________________________ Date __________________

EOPS/CARE Program Advisor Signature _______________________________ Date __________________

Dist. Copies: White-Student, Yellow – EOPS file (g:eops/forms/revised 1/09)