

# COLLEGE of ALAMEDA

Mutual Responsibility Agreement is between EOPS, CARE, CalWORKs, and Next UP Programs

Student's Name/ Student I.D.# (please print) : <First Name, Last Name > <Set Number of Characters> \_\_\_\_\_

Academic Year <DROP DOWN MENU>

To be eligible for these services, I agree to the following responsibilities:

To share in this Mutual Responsibility Agreement, EOPS/CARE/NextUp/CalWORKs agrees to provide the following services:

- A. Support and services to reach your educational goal including counseling, campus tours, special events, and additional services
- B. A comprehensive student educational plan
- C. Support to stay on track including consistent counseling appointments, financial aid information, and transfer information
- D. Book services, priority registration, progress reports and additional direct support resources (Exception: Students receiving services through CalWORKs must request book services from the County)
- E. **CalWORKs:** Sign your completed county monthly attendance report (max. 2 months back), assist with understanding county compliance requirements, and provide services to students who have current county eligibility documented each semester.
- F. **EOPS:** Will provide services for a maximum of six consecutive semesters OR up to 70 associate degree applicable units as long as you are in good standing with our program agreement.

\_\_\_\_\_ 1. I will make and keep at least three (3) counseling appointments and they must be within the following dates:

**Fall: <Drop Down Box>**

**Spring: <Drop Down Box>**

- 1<sup>st</sup> appointment: September 2 – October 4
- 2<sup>nd</sup> appointment: October 7 – November 8
- 3<sup>rd</sup> appointment: November 11 – December 13

- 1<sup>st</sup> appointment: February 3 – March 6
- 2<sup>nd</sup> appointment: March 9 – April 17
- 3<sup>rd</sup> appointment: April 20 – May 22

\_\_\_\_\_ 2. I will complete units and courses as identified/approved on my Student Educational Plan (SEP) and any revisions will be made/approved by a Counselor.

\_\_\_\_\_ 3. I will complete a minimum of 12 units each semester (unless pre-approved for less) and maintain a minimum grade point average of 2.00 (C average) each Fall and Spring semesters and cumulatively.

\_\_\_\_\_ 4. Before adding, dropping, changing my major, or withdrawing from college I will meet with my program Counselor.

\_\_\_\_\_ 5. I understand that if I do not meet the conditions outlined within this MRA, I may be terminated from the program. If terminated, I understand that I must complete one (1) semester on my own without any support services before I can re-apply (eligibility criteria still applies and there are no guarantees to be selected again).

\_\_\_\_\_ 6. I will check my MyPeralta account weekly even during breaks and holidays and will update my MyPeralta account with any changes in my address and/or telephone number.

\_\_\_\_\_ 7. I will demonstrate academic integrity and follow the College of Alameda student code of conduct, located in the Student Handbook, at all times.

\_\_\_\_\_ 8. I understand if I have scheduled a counseling appointment and neglect to show up (2 "No Show" within a semester); I may be terminated from the program.

\_\_\_\_\_ 9. I understand a "No Show" is defined as showing up more than 10 minutes late for my appointment; or when I neglect to call at least a day in advance to reschedule; or when I simply neglect to show up for my scheduled appointment.

\_\_\_\_\_ 10. I understand that I must accept the applicable canvas course online for the program(s) and submit a completed academic progress report at the 2<sup>nd</sup> contact, if requested.

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- CalWORKs students:** I understand that I must have one counseling appointment each semester with my CalWORKs counselor, AND I will verify that the college CalWORKs office is provided with a current eligibility document each term of attendance, AND I understand that activity reports are to be turned in by the 10<sup>th</sup> of each month, that a recent class schedule must accompany each report, and that 24 hours must be allowed for processing. I acknowledge that a maximum of 2 months of activity reports will be signed at one time.
- NextUp students:** I understand that NextUp services will be disbursed during my check in sessions as long as I am still enrolled in 9+ units or a reduced unit load as approved by my counselor AND I have a remaining unmet need balance as determined by the Financial Aid Office AND I understand I have additional “check-in” requirements throughout the semester with the NextUP (CAFYES) program and one additional counseling contact (in addition to my 3 EOPS appointments) during my priority registration appointment date.
- NextUp students:** I will attend one of the budget education workshops offered each semester.
- CARE students:** I will submit all necessary verification & documentation at least once a year to the EOPS office upon request.

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Student Signature

Date

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EOPS/NextUP/CalWORKs/CARE Counselor Signature & Date