**Student’s Name (please print)** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To share in this Mutual Responsibility Agreement, EOPS/CARE/CalWORKs/Next Up Program and SALAAM Learning Community agrees to provide the following services:**

1. Support and services to reach your educational goal including counseling, campus tours, special events, and additional services
2. A comprehensive student educational plan
3. Support to stay on track including consistent counseling appointments, financial aid information, and transfer information
4. Book services, priority registration, progress reports and additional direct support resources (Exception: Students receiving services through CalWORKs must request book services from the County)
5. **CalWORKs:** Signyour 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.
6. **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.

**Student I.D.# (please print)** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academic Year** **: 2022-2023**

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

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

 **Fall Spring**

1st appointment: September 2 – October 4 1st appointment: February 3 – March 6

 2nd appointment: October 7 – November 8 2nd appointment: March 9 – April 17

 3rd appointment: November 11 – December 13 3rd appointment: April 20 – May 19

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 CANVAS, ConexED, Won UP, My Peralta accounts weekly even during breaks and holidays and will update my My Peralta email 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, always.

8. I understand if I have scheduled a counseling appointment and neglect to show up (2 “No Show” within a semester); I maybe 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 2nd contact, if requested.

11. I acknowledge the receipt of the Program Overview and Eligibility, see Table A.

* **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 10th 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.

**X 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.

**X EOPS students:** I will attend two workshops per term which includes one of the budget education workshops offered each semester.

**X NextUp students:** I will attend two workshops per term which includes 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.

I will attend two workshops per term which includes one of the budget education workshops offered each semester.

* **SALAAM students:** I will attend two workshops per term which includes one of the budget education workshops offered each semester.

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Student Signature Date Dean/Project Manager Signature Date

 EOPS/CARE/CalWORKs/Next UP Programs and SALAAM Learning Community

