EXTENDED OPPORTUNITY PROGRAMS and SERVICES
MUTUAL RESPONSIBILITY CONTRACT (MRC)

The Solano Community College EOPS Mutual Responsibility Contract is designed to help you (the EOPS student) to achieve your educational goal. The MRC is a binding contract between you (the student) and the EOPS Program. This MRC specifies what services you will receive, your role, responsibility, and the expectation of the EOPS Program.

As part of the MRC and our commitment to you (the EOPS student) we will provide you with services in the following areas: EOPS counseling, orientation, priority registration, referrals (including other programs and services on and off campus), transfer assistance, workshops, and EOPS book vouchers during the Fall and Spring semesters to the extent of the availability of EOPS funds.

By initialing and signing this EOPS Mutual Responsibility Contract, you are agreeing to comply with the requirements below in order to remain in good standing with the EOPS Program and services we provide. You are also informing us that you understand that you are required to:

A. _____ I agree to meet with your EOPS counselor including, but not limited to, three mandatory counseling and advising contact sessions per semester.
   - First: EOPS counseling appointment, mutual development of your Student Educational Plan (SEP).
   - Second: EOPS counseling appointment, review of your submitted EOPS Progress Reports.
   - Third: EOPS counseling appointment, preparation for EOPS priority registration and class scheduling.

B. _____ I agree to meet with the EOPS counselor to develop your Student Educational Plan (the roadmap to achieving your goal). Student agrees to follow the SEP and if changes are necessary, student understands they must meet with their EOPS counselor first prior to changing their SEP. If you have not declared a major of study on your EOPS Application, you must do so by the end of your second semester in the EOPS Program.

C. _____ I understand that the EOPS Program will serve you for a maximum of six (6) consecutive semesters or the completion of 70.0 degree applicable units, whichever comes first. I have also been informed that this is your first semester in the EOPS Program and all prior units (if applicable) have been reviewed.

D. _____ I agree to maintain academic satisfactory progress towards your education goal (a certificate, associate degree, or transfer). I also understand that I am required to complete my current units (units to determine my eligibility example: 12.0 units) with a grade point average
above 2.0 each semester. I am also required to meet with the EOPS counselor prior to dropping any classes as this has an impact on my current Student Educational Plan.

E. _____ I agree to submit all my EOPS progress reports to the EOPS Office during the Fall (October) and Spring (March) semester. Progress reports will be mailed to your current mailing address. I have also been informed that if I misplace my progress reports, I can go to the college website at www.solano.edu - go to the Student Services link and click on the EOPS Program for additional progress reports.

The EOPS counselor will review my EOPS progress reports with me during my second mandatory counseling appointment. If there are immediate issues that are required to be addressed, I will be contacted to drop-in to see the EOPS counselor immediately to address my reports.

F. _____ I agree to inform the EOPS Office of any changes such as: name changes, address change, or telephone contact number information. Communication with the EOPS Office staff is important for both parties as the program will be communicating with you regarding important information.

I have also been informed that I can go to www.solano.edu go to the Student Services link and click on the EOPS page for EOPS Program information. “My Solano” webpage provides campus up-to-date information such as: Admission and Records, Financial Aid, and calendar of campus upcoming events.

G. _____ I have been informed that it is my responsibility to drop or withdraw from my college classes. I have been informed that I must meet with your EOPS counselor or the EOPS coordinator prior to dropping any classes as this will impact your Student Educational Plan.

As an EOPS student, I hereby agree to comply with the EOPS Mutual Responsibility Contract requirements that I have initialed above. I have also been informed that if I am out of compliance with the EOPS Program, I will be placed on “Warning Status” and a letter will be mailed to me requesting that I meet with the EOPS Coordinator to discuss my prior semester circumstances.

Print your name ___________________________ SCCID# ___________________________ Student Signature ___________________________ Date ________________

EOPS Coordinator Signature ___________________________ Date ________________

White: EOPS Student File
Yellow: EOPS Student

MRCEOPS - Revised 7/10/13