



EXTENDED OPPORTUNITY PROGRAMS & SERVICES (EOPS) MUTUAL RESPONSIBILITY CONTRACT (MRC)



The Solano Community College **EOPS Mutual Responsibility Contract (MRC)** is designed to help you (the EOPS student) to achieve your educational goal while you are attending Solano College. 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, program review (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 MRC, 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 adhere to all the contractual responsibilities listed below to maintain your eligibility in the program. If you are unclear about the EOPS MRC, please ask support staff for clarification.

<p>A. ____ I agree to meet with my EOPS counselor including, but not limited to, three mandatory counseling and advising contact sessions per semester. I also understand I must reschedule if I arrive 10 or more minutes late to my sessions.</p>
<ul style="list-style-type: none"> • 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.
<p>B. ____ I agree to meet with my EOPS counselor to develop my Student Educational Plan (the roadmap to achieving my goal). Students agree to follow the SEP and if changes are necessary student understands they must meet with their EOPS counselor first prior to changing their SEP.</p>
<p>C. ____ I understand that the EOPS Program will serve me for six (6) consecutive semesters or the completion of 70.0 degree applicable units. I have been informed that this is my first semester in the EOPS Program and all prior units (if applicable) have been reviewed.</p>
<p>D. ____ I agree to <u>maintain academic satisfactory progress</u> towards my educational goal (a certificate, associate degree, or transfer). I also understand that I am required to complete my current units (units used to determine my eligibility into the EOPS Program when I submitted my EOPS Application – example: 12.0 units) with a grade point average above 2.0 each semester.</p>
<p>E. ____ I agree to submit all my EOPS Progress Reports to the EOPS Office during the Fall (September) and Spring (February) each semester. Progress report forms will be emailed to your student email address. I understand that I'll be able to schedule my second counseling appointment ONLY after turning in all my Progress Reports. I have also been informed that if I misplace my progress reports, I can pick up additional form copies from the EOPS office.</p>
<p>The EOPS counselor will review your EOPS progress reports with you during your second mandatory counseling appointment. If there are immediate issues that are required to be addressed, you will be contacted to drop-in to see your EOPS counselor immediately to address your reports.</p>
<p>F. ____ I agree to inform the EOPS Office of any changes such as: your name, address or telephone or contact number. Communication with the EOPS Office staff is important for as the program will be communicating with you regarding important information. I understand it is my responsibility to check my email periodically.</p>
<p>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" web page provides campus up-to-date information such as: Admission and Records, Financial Aid, and calendar of campus upcoming events.</p>
<p>G. ____ I have been informed that it is my responsibility to drop or withdraw from your college classes. I agree to meet with my EOPS counselor or the EOPS coordinator prior to dropping any classes as this will impact my Student Educational Plan.</p>

As an EOPS student, I hereby agree to comply with the EOPS Mutual Responsibility Contract requirements that I have initialed above. I understand that **if I am not following my MRC, I might not receive all the EOPS benefits**. I have also been informed that if I am out of compliance with the EOPS Program, I will be placed on "EOPS Non-Compliance" and an email will be send to me regarding my upcoming semester EOPS status.

_____ Student Name	_____ SCCID#	_____ EOPS Coordinator Signature
_____ Student Signature	_____ Date	_____ Date