State University of New York, College of Technology, Canton, NY 13617

EDUCATIONAL OPPORTUNITY PROGRAM (EOP) CONTRACT

As an **EOP student** at SUNY Canton, I, _____, agree to:
(print student name)

1. apply for PELL, TAP, and all other financial aid for which I may be eligible and submit all requested information to the Financial Aid Office by the dates requested throughout my college career.

2. submit an autobiography and a final high school transcript **before EOP orientation begins**.

3. attend and participate in all EOP orientation activities, maintain full-time enrollment by registering for at least 12 credit hours (at least one of which is on campus) each semester while pursuing an associate, or bachelor degree.

4. attend/participate in all scheduled classes, meet regularly with my EOP counselor (**at least every 2 weeks my first year** and at the beginning and end of each semester in subsequent years, or more frequently if needed), and with my advisor, tutor, and other college personnel as needed/requested. In the event that an emergency or illness prevents me from attending a class or keeping an appointment, I will notify the teacher, counselor, or tutor and make up all work missed. My failure to keep appointments with my counselor will result in a **check block at the "Counselor Level'** until I fulfill the contractual obligations I have agreed to. Further failure to comply in fulfilling my contractual obligations will result in an additional **check block at the 'Director Level'**, at which point I will have to meet with the Director to discuss my compliance and fulfilling my contractual obligations. My not attending classes may result in the loss of individual tutoring, being dropped from a class or being ineligible for continued EOP services.

5. check my **SUNY Canton e-mail account** at least **twice per day** during the week, for important information from faculty, staff and my EOP counselor.

6. successfully complete the Freshman Year Experience course, College Success Strategies course and other developmental courses if required, to prepare me for my chosen curriculum and increase my chances of experiencing academic success.

7. I understand tutoring is mandatory; in addition, I will seek additional help from tutor labs, instructors, advisors, counselors, etc. as needed or recommended.

8. wait until at least my **second academic school year** before pledging a fraternity/sorority, and then only if my grade point average is at least a 2.00.

As an **EOP counselor** at SUNY Canton, I, _____, agree to:
(print counselor name)

1. provide you with my office hours, keep regular individual appointments with you to discuss your progress, answer your questions, and assist you in setting and pursuing realistic academic goals.

2. make referrals and provide you with names and numbers of others who may be of assistance.

3. monitor your academic progress by communicating with your instructors, tutors, advisors, and other campus professionals regarding your attendance, grades, and course participation, so that I may assist you as problems arise.

I understand that my failure to abide by any of the terms of this contract or my failure to maintain satisfactory academic progress **could result in the immediate suspension or cancellation of my EOP eligibility.**

_____ _____ _____
(student signature) (student's Canton ID number) (date)

_____ _____
(EOP counselor signature) (date) 5/18