

STATE UNIVERSITY OF NEW YORK, COLLEGE OF TECHNOLOGY, CANTON, NY
EDUCATIONAL OPPORTUNITY PROGRAM (EOP) CONTRACT
FALL 2024

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. Maintain full-time enrollment by registering for at least 12 credit hours each semester while pursuing an associate, or bachelor's degree. Part-time status can be declared with a minimum of at least 6 credit hours with Director approval.
3. Attend/participate in all scheduled classes, meet regularly with my EOP counselor (**at least every 2 weeks my first year**) and at least once per month for sophomore through senior year. I also agree to meet 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 **HOLD 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 **HOLD 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.
4. 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.
5. Successfully complete the Freshman Year Experience course and other developmental courses (if required), to prepare me for my chosen curriculum and increase my chances of experiencing academic success your first year of college.
6. I understand tutoring is mandatory; in addition, I will seek help from tutor labs, instructors, advisors, counselors, etc. as needed or recommended.
7. 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 2.50.

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 ID number

(date)

(EOP counselor signature)

(date)