

**LOS ANGELES HARBOR COLLEGE  
EXTENDED OPPORTUNITY PROGRAMS AND SERVICES (EOP&S)**

**MUTUAL RESPONSIBILITY CONTRACT**

I understand that the Extended Opportunity Programs and Services (EOP&S) is intended for low-income California residents who are educationally disadvantaged. The purpose of the program is to provide services above and beyond those available on the campus and assist students with:

- Selecting a college major and making continued academic progress toward that goal;
- Obtaining academic advisement and personal counseling related to school;
- Learning about specific academic skill deficiencies I may have;
- Assessment of competence in study skills areas;
- Transferring to a four-year university or entering the world of work.
- Receiving book grant assistance beyond my financial aid award and based on my remaining unmet financial need to apply toward school textbooks purchased at LAHC; **(this service is based upon available funding and is not intended to cover all textbook costs)**

**In order to maintain my eligibility for EOP&S, I agree to the following:**

1. I will **enroll in 12 units** and will **maintain a “C” average (GPA of 2.0) each semester**. I will consult with an EOP&S Counselor if I have problems with any of my classes and/or consider dropping one or more classes.
2. I agree that in order to assure maximum academic progress, I will meet with an EOP&S Counselor **AT LEAST THREE 3 TIMES PER SEMESTER**, or as specified otherwise.
3. I will see an EOP&S Counselor for the purpose of developing a Student Educational Plan and once developed, will follow it, unless revised by mutual agreement with the EOP&S Counselor.
4. I will submit at least one “GRADE REPORT – WORK IN PROGRESS” form signed by my instructors, indicating my grade-to-date for each course.
5. I will notify the EOP&S office, the Financial Aid office and the Admissions and Records office of any change in my address or telephone number.
6. I understand that to ensure my success in reaching my educational goals, the EOP&S Director and/or Counselor will be reviewing my course placement test scores and will confer with me about using this information to my best interest.
7. I understand that the EOP&S Director and/or Counselor may contact me periodically; that it is their function to assist with academic or personal problems I may have and that I should keep scheduled appointments.
8. I understand that I should keep scheduled appointments with program staff and in the event that I am unable to keep an appointment I should **provide the office with a 24-hour cancellation notice** in order to allow another student to take that appointment slot.
9. I agree to take diagnostic tests as recommended, in order to determine specific academic skill deficiencies.
10. I understand that a study skills assessment may be recommended. I agree to cooperate with measures which may be taken to determine how well I take lecture notes, outline written materials, use library services and use effective study techniques so that I can improve in these areas.
11. I understand that the EOP&S office may contact my instructors in order to assist me in my academic work and provide the necessary program services.
12. I understand that in addition to the 3 mandated EOP&S contacts the EOP&S program will offer from time to time workshops and seminars designed to provide me with additional information and skills to facilitate my academic and personal growth. I understand that I may be advised to attend one or more of these events, but my participation does not substitute for any mandated contact.
13. My eligibility for EOP&S will continue as long as all of the above conditions are met, provided I have **NOT EXCEEDED SEVENTY (70) DEGREE APPLICABLE UNITS** (excluding remedial classes) **OR SIX (6) CONSECUTIVE SEMESTERS** of enrollment at any post-secondary higher educational institutions.

I understand that failure to fulfill this Mutual Responsibility Contract could result in my termination from EOP&S and other actions as deemed appropriate by the program Director.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**EOP&S Staff Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_