

**SUNY Ulster County Community College
Financial Aid Office
Stone Ridge, NY 12484**

Aid Year: 2008-2009

Educational Opportunity Program Participation Agreement

Congratulations and welcome to the Educational Opportunity Program (EOP) at SUNY Ulster County Community College. In order for you to fully benefit from the program, it is important that you understand our commitment to you as a student and also to understand your role as a participant in the program.

As an EOP participant at SUNY UCCC, I will try to take responsibility for assuring my academic success by meeting the following requirements:

- I. Follow recommended procedures for registration and scheduling.
 - Seek counseling with my academic advisor before registering for the upcoming semester.
 - Take the appropriate number of credit hours as recommended by my academic advisor.
 - Seek the assistance of my academic advisor before adding and / or dropping classes.
 - Repeat courses as necessary and as advised by my academic advisor.
 - Attend orientation (new students)

- II. Meet academic responsibilities.
 - Attend classes regularly.
 - Complete all class assignments on time.
 - Seek the assistance of tutors for courses in which I am experiencing academic difficulty.
 - Participate in SSS/EOP workshops when offered.

- III. Maintain consistent contact with the EOP office.
 - Meet with my EOP advisor as necessary to discuss my academic progress, as well as concerns about financial aid, transfer, and personal issues.
 - Meet with my EOP advisor to complete my financial aid applications for the next academic year by May 1st.
 - Participate in an exit interview before withdrawing from classes at SUNY UCCC or transferring to another college.
 - Meet with Student Support Services counselor when recommended.

- IV. Consent to release information
 - I authorize the EOP staff at SUNY UCCC to access my college records, including academic, financial aid, disability and other records, to facilitate the intervention I need to be a successful student. I understand that these matters will be conducted in a confidential manner.

I have read and fully understand the above conditions. I agree to meet the criteria stated above in order to maintain my participation in the Educational Opportunity Program at SUNY Ulster County Community College.

Student's Signature

EOP Staff's Signature

Print Student's Name

Student College ID# U_____
or
Student SS# _____