

College of the Siskiyous
Student Support Services Program
Mutual Agreement Contract

As a participant in the SSS Program, I _____ agree to the mutual responsibility in fulfilling this contract.

The SSS Program agrees to provide you with the following services:

- Intensive counseling to assist you in developing an individual Student Educational Plan (SEP) to help you reach your academic, transfer, and career goals.
- Assessment and follow-up of your academic progress using the COS census process.
- Four-year college application assistance (online and/or hardcopy).
- Campus tours, cultural and social activities, and workshops related to student success.
- Financial literacy education, financial aid and scholarship application assistance (online and/or hardcopy).
- Referrals to campus and community resources.

As a participant I agree to the following responsibilities:

- I will maintain a GPA of 2.0 or better and successfully complete at least 50% of the term units I attempt every semester. I understand that if I do not meet this responsibility, I will be subject to academic and/or progress probation or disqualification and must meet with the SSS Director in order to determine continuing eligibility for services.
- **Required Contact:** I will meet with a Counselor at least twice a semester. **If I do not meet with an SSS Counselor, I understand it is my responsibility to turn in written proof of counseling appointments with another COS counselor.**
- **Required Contact:** I agree to attend an SSS orientation and the accompanying financial literacy workshop every semester.
- **Required Contact:** I will come to the SSS Office to check my progress report during the first and/or second census of every semester. I also agree to complete a program evaluation and exit interview form at the end of every semester. I agree to notify the SSS staff if I plan to withdraw from College of the Siskiyous.
- I understand it is my responsibility to follow-up on SSS activities, requirements, and deadlines.
- I agree to update and follow my individual Student Educational Plan (SEP) every semester including the math and English sequence required in order to graduate and transfer.
- I understand I am responsible for completing my financial aid paperwork and file with Financial Aid.
- I agree to participate in at least one activity per semester (campus tours, cultural activities and/or workshops).
- I agree to notify the SSS staff of my acceptance to any 4-year college/university and to provide them with a copy of any acceptance letters I receive.
- I give my permission to the SSS Program to release information and/or use photographs regarding my participation as an SSS and COS student (web page, newsletter, brochure, local newspapers, etc.). Please initial: _____ Yes _____ No
- I authorize SSS staff to exchange my personal and academic information with other COS personnel and instructors related to my success and as appropriate.
- I understand that if I choose **not** to meet my responsibilities and/or abuse SSS services and/or staff, I will no longer be eligible for any services from the SSS Program.

Student's Signature

Date

Director's/Coordinator's Signature Date