

TRIO Student Support Services - Responsibility Contract

Name: _____ First M.I. Last
S#: S _____ Phone #: _____
Email: _____ @student.ccs.edu Your official CCD email account is the only email CCD will accept for correspondence.

I understand that participating in the TRIO Student Support Services (SSS) is an opportunity, and that I am personally responsible for my progress and success, in collaboration with the TRIO staff.

Student Responsibilities

- Meet with your advisor and/or peer mentor at least three times per semester (ideally in person, phone or e-mail when appropriate).
- Participate at least two student development activities per semester (inform SSS of attendance).
- Maintain progress toward a transferrable degree and stay on track to graduate from CCD within three years.
- Update TRIO SSS staff: registration changes, degree changes, semester stop outs, program withdrawal, academic transfer, or changes in contact information.
- Always maintain a professional relationship with TRIO SSS staff, peer mentors, and tutors.
- Abide by the CCD Student Code of Conduct.

Staff Responsibilities

- Review and record the student's financial aid status each semester.
- Review and record the student's academic progress each semester, including reports requested from his/her instructors.
- Meet with the student to resolve any issues challenging his/her academic success.
- Provide a wide range of student support services, including academic tutoring, comprehensive academic advising, financial aid information and assistance, financial aid literacy, transfer planning, career exploration, and student development activities.

I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete. I realize that my failure to meet these student responsibilities may result in probation and dismissal from TRIO SSS.

In addition to meeting other academic requirements, I must meet these student responsibilities to be eligible for the TRIO scholarship and other program benefits.

Student: _____
Print Name Signature Date

Staff: _____
Print Name Signature Date