



at

California State University, Northridge
EOP STUDENT AGREEMENT

Student Name: _____ CSUN ID # _____

Please read and initial each item to indicate your understanding and agreement

AS AN EOP STUDENT, I AGREE TO:

- File the FAFSA each academic year as early as January 2nd.
I understand that EOP will check my university academic records as needed.
Complete an EOP Transitional Program as determined by EOP Staff.
Meet with appropriate EOP staff to schedule coursework, develop an academic plan and adhere to the requirements on this agreement.
Utilize EOP resources across campus to promote academic excellence.
Consult with an EOP academic advisor a minimum of 3 times each semester.
Maintain a 2.50 or better grade point average.
Complete a full-time course load.
Work with advisor(s) to remove any academic or unit deficiencies if I do not make academic progress.
Complete any developmental coursework according to the timelines required by the university in compliance with Executive Order 665; in the event that I do NOT complete and am stopped out, I will meet with my EOP advisor to determine the most appropriate course of action, including an academic plan of action to return to CSUN at a later date.
Complete General Education Basic Skills requirements in the order and time sequence required by the university.
If I encounter any difficulty meeting these requirements, I will see the appropriate EOP advisor immediately.
I permit EOP to contact me in various ways, including via text message.

If the above-stated requirements are not met, my EOP status may be removed and I may forfeit all EOP services, including the EOP Grant.

Please sign and date below to indicate your agreement to meet the above-stated requirements:

Student Signature

Date

Educational Opportunity Program

Date

Student Services Center/EOP

Date