



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