



Mutual Responsibility Contract (MRC)

MISSION STATEMENT

At EVC, the Extended Opportunity Programs & Services (EOPS)/Cooperative Agencies Resources for Education (CARE) is committed to supporting students with achieving their academic and personal goals. By providing "over and above" support services, EOPS/CARE intends to foster student success with dedicated faculty, staff, and campus community. EOPS/CARE also intends to foster student success through academic/career achievement, individual growth and wellness, while practicing and promoting EVC Values.

PROGRAM RESPONSIBILITY

EOPS/CARE agrees to provide the following, but not limited to, services: priority registration, book vouchers, academic and career counseling, textbook loan library, cap and gown, transfer application fee waiver, scholarships and financial grants for eligible students.

STUDENT RESPONSIBILITY

As an EOPS and/or CARE student, I understand I am responsible for:

- Completing **THREE (3) EOPS contacts per semester**. Each contact must be at least **4 weeks apart**.
- Following and making progress toward my educational goal based on my Educational Plan.
- Seeking counseling guidance before dropping any courses.
- Applying for state and federal financial aid every academic year.
- Maintaining a 2.0+ GPA.
- Taking the majority of my units at Evergreen Valley College each semester.
- Continuous participation in EOPS without interruption.
- Reading communication from the EOPS/CARE office, and communicating, when necessary, in a timely manner.
- Notifying the school and program of any changes to my personal contact information (email, phone #, address)
- I will extend courtesy and respect to faculty, staff, and students of EVC.
- Understanding that I authorize EOPS staff to release information for scholarship opportunities and/or academic progress/reporting

STUDENT ELIGIBILITY

As an EOPS and/or CARE student, I understand I am eligible for EOPS services until **ONE (1)** of the following apply:

- I complete 70-degree applicable units, **OR**
- I do not meet the responsibilities outlined in this MRC, nor did I request extension of eligibility based on extenuating circumstance

Name

ID

Signature

Date

Office Use: _____

EOPS/CARE Staff

Date