



CUYAMACA COLLEGE
CalWORKs S.T.E.P.S Program
STUDENT AGREEMENT



As a Cuyamaca College CalWORKs S.T.E.P.S. student, I understand that I am entitled to receive academic, personal and career counseling, supportive services, referral assistance, transfer assistance, and if childcare is needed, then services from the Cuyamaca College CalWORKs S.T.E.P.S. Program will be provided.

In exchange for these services, I agree to comply with each of the following requirements:

1. I agree to apply for financial aid, EOPS, and CARE (if single parent.)
2. Meet with a counselor each semester (fall, spring, & summer) to complete a new Student Educational Plan (SEP.)
3. Turn in my monthly hours by the 5th of each month, so it can be turned in to my ECM/ETA.
4. If I am lacking the 20/30/35 mandatory weekly hours (or 87/130/152 monthly hours) toward my Welfare-to-Work Plan, I will meet with the CalWORKs S.T.E.P.S. Program Specialist or CalWORKs S.T.E.P.S. counselor to seek appropriate work or volunteer activity to combine with my school participation.
5. Set up a counseling appointment if I need to drop classes or reduce my work schedule-which results in me having less than 20/30/35 weekly hours (or 87/130/152 monthly hours.)
6. Enroll in all classes and attend all activities as directed by the CalWORKs S.T.E.P.S. staff to assist me in meeting my educational/career goal(s) or addressing my academic deficiencies as advised by the counselor.
7. Maintain satisfactory academic progress (at least a 2.0 GPA) and complete all the classes in which I enroll.
8. If receiving CalWORKs S.T.E.P.S. work study, comply with the CalWORKs S.T.E.P.S. Work Study Program rules.
9. Inform Admissions & Records and CalWORKs S.T.E.P.S. office (2 offices) of any changes to my address and/or phone number.

I understand that I must comply with the above stated requirements and failure to do so may result in disqualification from the Cuyamaca College CalWORKs S.T.E.P.S. Program.

Student's name (Print): _____

Last 4 Digits of Social Security Number: _____ **Phone Number:** _____

Student's Signature: _____ **Date:** ____/____/____