

# Program Participation Agreement

---

*The Tech Opportunities Program provides services to students with academic need who are either low income, first-generation, or who have learning or physical disabilities. In order to increase the academic success and graduate rate of participating students, we expect students to commit to working with the program for at least one academic year.*

## Participant Responsibilities

As a TOP participant, I \_\_\_\_\_ agree to the following:

- A) I will submit any outstanding paperwork to document program eligibility within three weeks.
- B) I will complete the following: TOP Intake Survey within one week of program acceptance; Myers-Briggs Type Indicator (MBTI) and development guide during the second term of program participation; 2 USA Life Skills modules by the end of my third term of program participation.
- C) I will complete a Personal Success Plan with my TOP Academic Specialist each year I participate in the program.
- D) I will meet with my TOP Academic Specialist a minimum of two times per term; once at the beginning of the term and once after midterms. I understand that my TOP Academic Specialist may require that we meet more frequently.
- E) I will participate in a minimum of one learning activity per academic year: ACAD course, TOP seminar, workshop, tutorial, etc. as outlined in my Personal Success Plan.
- F) I will notify my TOP Academic Specialist if any academic or personal concerns arise that may affect my academic success.
- G) I will complete midterm assessments for each of the first three terms I am in TOP and any term thereafter as requested by my Academic Specialist. If I receive any grades of D or F at the time of midterm assessments, I will meet with my instructor and academic advisor, if necessary, to discuss strategies to improve.
- H) If assigned a tutor, I will meet with my tutor on a regular basis according to the hours authorized. I will be prompt and prepared for each session. When it is necessary to cancel a session, I will notify CFLAT by 8:00 a.m. the morning before my appointment. I understand that I will lose tutoring benefits should I have more than two unexcused absences.
- I) If I have not applied for financial aid for the current academic year, yet have financial need, I will apply within one month of my acceptance into the program. In order to receive aid for which I am eligible, I will apply for financial aid each year by the Financial Aid Office's priority filing deadline (February 1<sup>st</sup>).
- J) To assist with improving TOP services, I will submit a completed program evaluation at the end of each academic year.
- K) I agree to complete an exit interview in the event of withdrawal, transfer, or graduation from OIT.
- L) I understand that due to the limited resources at TOP's disposal, if I do not fully participate in the program, or if I do not return eligibility documentation in a timely manner, I will no longer be eligible to participate.
- M) I also agree to the attached additional terms as defined by my TOP Academic Specialist.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_