



## EOP Student Success Agreement 2022-2023

As an EOP student, I, \_\_\_\_\_, will help facilitate my success at Cal Maritime by agreeing to do the following:

*\*Please complete with your initials in the (\_\_\_\_) spaces below*

1. (\_\_\_\_) (First-time freshmen/Incoming transfer students) Attend Summer/Transfer Bridge **2022**.
2. (\_\_\_\_) (New EOP Students) Meet with my assigned EOP Peer Mentor **once-a-month** during my first year at Cal Maritime to support my transition to the university environment.
3. (\_\_\_\_) Attend at least **one** EOP workshop **AND one** community activity per semester.
4. (\_\_\_\_) Attend **one** EOP "All-Hands-on-Deck" meeting per semester.
5. (\_\_\_\_) Meet with the EOP Coordinator at least **once per semester** to develop and follow through with an individualized support plan based on academic progress, personal well-being, campus engagement, etc.
6. (\_\_\_\_) Utilize tutoring services as recommended by faculty or EOP staff.
7. (\_\_\_\_) Enroll in and complete a minimum of 12 units per semester. Exceptions can be made upon EOP Coordinator approval.
8. (\_\_\_\_) Allow EOP staff and mentors to contact me by text, email, or phone.
9. (\_\_\_\_) Authorize EOP staff to exchange and release my academic information with on- and off-campus entities (if necessary) to help support my overall success as a student at Cal Maritime.
10. (\_\_\_\_) *Marketing and Publicity Release:* I understand that my photo may be taken at EOP events. I understand that I will receive no monetary payment for any publications or reproductions of my photo. If I do not want my photo being taken or used publicly, I will inform an EOP staff member.

*By signing this agreement, I acknowledge that I understand these requirements are intended to support academic success. Should I encounter any difficulty in meeting these requirements, I will meet with an EOP staff member as soon as possible to explore my options. I understand that failure to meet any of the above requirements may result in being dismissed from the program and a forfeit of all services, including the EOP Grant (if applicable).*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone