

EOPS/CARE  
1<sup>ST</sup> COUNSELING APPOINTMENT

Student's Name \_\_\_\_\_

Student's ID # \_\_\_\_\_ Phone Number \_\_\_\_\_

**All students must submit a Progress Report:** All instructors must sign the progress report. If you are taking an online course contact your instructor via email and submit a printed copy of your grade or current class status (attendance, quizzes, tests, participation, assignments, etc.): **DUE DATE:** \_\_\_\_\_

**Workshops:** Only workshops conducted by EOPS/CARE staff or blackboard workshop accepted. All students must complete **one (1) workshop**. **DUE DATE:** \_\_\_\_\_

**Counseling:** counseling appointments should be three weeks apart. All students are required to complete 3 counseling appointments. **DUE DATE:** \_\_\_\_\_

**Current status:**

**Education Plan:** requirements, units, transfer, certificate, AA/AS, etc.

Last updated \_\_\_\_\_ Major \_\_\_\_\_

Transferring to \_\_\_\_\_

High Unit Major Yes No

If high unit when is student completing program? \_\_\_\_\_

AA units completed \_\_\_\_\_ Transfer units completed \_\_\_\_\_

**REVIEWED MUTUAL RESPONSIBILITY CONTRACT WITH COUNSELOR YES NO**

***If you fail to comply with one or more of these requirements during the semester you will be subject to dismissal from program.***

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

Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_