

Print Name _____ UTC ID# _____

Registered for: Full time (12 + credits) Part-time: 9 credits 6 credits less than 6 credits

Home Phone _____ Cell _____ Email _____

TO BE COMPLETED BY PARTICIPANTS REQUESTING TUTORIAL SERVICES

- ◆ Tutorial available in 100 and 200 level courses (except English). Upper division tutorials on request.
 - ◆ Math Study Hall is on Tuesday and Science Study Hall is on Wednesday
 - ◆ Technology tutorials in Excel, PowerPoint, Access, the Internet, and Word
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List the course(s) and/or \sqrt to request instructional support

Course Title _____ Number _____ Instructor _____

Course Title _____ Number _____ Instructor _____

Course Title _____ Number _____ Instructor _____

Course Title _____ Number _____ Instructor _____

Course Title _____ Number _____ Instructor _____

Course Title _____ Number _____ Instructor _____

Study Groups: Math Study Hall Science Study Hall

Technology Tutorials: Excel PowerPoint Access Internet Word Other _____

\sqrt all hours you are available

Hours	Mon	Tue	Wed	Thru	Fri	Hours	Mon	Tue	Wed	Thru	Fri
8 - 9AM						2 - 3PM					
9 - 10AM						3 - 4PM					
10 - 11AM						4 - 5PM					
11 - 12AM						5 - 6PM					
12 - 1PM						6 - 7PM					
1 - 2PM						7 - 8PM					

Student Support Services/ Project FOCUS
PARTICIPANT CONTRACT
Fall 2006

I agree to participate in the Student Support Services Program (SSS) as outlined below and as discussed with program staff during the intake interview.

1. I agree to attend classes regularly. I understand that regular attendance is defined by SSS as having no more than three unexcused absences in any course during the semester.
2. I agree to devote sufficient time for studying. Sufficient time is determined by studying as long as it takes me to learn whatever it is that I want to learn.
3. I agree to follow my Individualized Educational Plan (IEP) that prescribe program services and activities to address identified needs.
4. I agree to keep my appointments with a program staff person. If I am unable to attend, I will call **425-5235**. I understand that failure to call and cancel an appointment may result in my being dropped from the program.
5. I agree, if placed on academic warning, to participate in regularly scheduled academic skills building activities and/or academic advising.
6. I agree to participate in individual and group testing, if needed to determine academic, career, and personal needs.
7. I agree to ask a program staff person for help when needed.
8. I agree to treat all program furniture, equipment, books and other property with care and respect.
9. I agree to complete program evaluations and follow-up survey as requested.
10. I understand that the SSS Program may void this contract if my continued participation is unprofitable.

Student Publicity Release

I agree that if I am accepted into the SSS Program, the staff may include my name and /or picture in publications, including their website.

Release of Information

I certify that the information I have provided on my application is, to the best of my knowledge, complete and accurate. Furthermore, I authorize the staff to obtain all pertinent records and data necessary to enroll me into the SSS Program, to monitor my academic progress, and to release information to the United States Department of Education, TRIO Programs. The SSS Program staff also has my permission to communicate verbally or otherwise with other University and off-campus professionals on my behalf.

Participant Signature

SSS Staff Signature

Date

(Over)