

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 disability. In order to increase the academic success and graduate rate of participating students, we expect students to commit to working with the program.

Participant Responsibilities

As a TOP participant, I _____ agree to the following:

- A) I will complete the following forms with my TOP Academic Specialist:
 - ✓ TOP Student Intake Form
 - ✓ Balance Wheel
 - ✓ Personal Success Plan
- B) I will complete a career assessment and financial literacy module as determined with my TOP Academic Specialist.
- C) I will meet with my TOP Academic Specialist a minimum of two times per term; once at the beginning of the term and once during midterms. I understand that my TOP Academic Specialist may require that we meet more frequently.
- D) I will participate in a minimum of one Personal Success Plan activity per academic year for each of the following categories: Learning, Financial Literacy, Campus Engagement, Wellness, and Career.
- E) I will notify my TOP Academic Specialist if any academic or personal concerns arise that may affect my academic success.
- F) During my first academic year as a TOP student, I will complete midterm assessments while enrolled at Oregon Tech. 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 for improvement. (I understand that my TOP advisor may require midterm assessments following my first year in TOP to promote my academic success).
- G) 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.
- H) To assist with improving TOP services, I will submit a completed program evaluation at the end of each academic year.
- I) I understand that due to the limited resources at TOP's disposal, if I do not fully participate in the program, I will no longer be eligible to participate.

Student's Signature: _____ Date: _____