

As a participant in the TRIO Student Support Services (SSS) program, I understand that utilization of program activities will provide me with an opportunity for academic success at Wenatchee Valley College. As such, I understand and agree to the following program requirements (please check or initial each statement):

- I will **participate in a minimum of two (2)** TRIO SSS-sponsored or approved events, activities, or workshops per quarter.
- I will **meet with my TRIO SSS advisor** for a first quarter check-in at the beginning of each quarter to develop an educational plan.

My TRIO SSS advisor is: _____

- I will **participate in a mid-term progress check** around the 5th week of each quarter. I understand and agree to have TRIO SSS staff contact my instructors regarding my academic progress. The mid-term progress check will give me important feedback regarding my academic progress in each of my classes. I understand that these grade checks will be conducted by the program staff in the event that my GPA falls below a 2.5 or I have failed a class. I agree to meet with TRIO SSS staff if I need additional assistance in any of my classes, as indicated by the mid-term progress check.
- I will **attend all scheduled classes** and regularly **login to Canvas** for online courses.
- I will **actively check my email** and **check the TRIO SSS Canvas page** at least once per week.
- I will **complete the FAFSA** and **apply for at least one scholarship** per academic year.
- I will **check in with the TRIO SSS office when my contact information changes**, when I make any changes in my academic program, when any difficulties arise, **or before withdrawing from a class**.
- I am **responsible** for seeking out **tutoring services**, if required by my TRIO advisor.
- I agree that, **if my GPA falls below 2.5**, I will work with my TRIO SSS advisor to address a solution.
- I will **accept responsibility for decisions and actions (or inactions)** that affect my educational progress and goals. My success will require me to be proactive in seeking support. I understand that the TRIO SSS staff is here to provide support, advice, and suggestions in this process. It is, however, my responsibility as a student to double-check information provided.
- I will **communicate changes to my enrollment**, such as dropping from full-time to part-time, with TRIO SSS staff.
- I recognize that I **must be an active participant** to qualify for transfer visits and priority registration.

I understand that failure to comply with the program requirements may be cause for removal from the TRIO Student Support Services Program.

Student Name: _____ Student ID Number: _____

Student Signature: _____ Date: _____

Information Release Authorization

By signing below, I grant permission to TRIO Student Support Services (SSS) staff to track all of my academic progress at Wenatchee Valley College. I authorize the release of my student academic and financial aid records for the program staff to use for reporting purposes to the Department of Education. I also authorize TRIO SSS personnel to discuss my progress, when appropriate, with necessary Wenatchee Valley College staff and faculty. Academic and financial aid records include, but are not restricted to:

- Academic Transcripts: credit hours attempted and completed, grades, GPA, etc.
- Compass Scores/Placement
- Financial Aid/FAFSA: grant, loan, and award records
- Services for Students with Disabilities Documentation: Counseling and Support Services
- Quarterly Classes: schedule, tuition and fees, program of study, advisor name, etc.
- Mid-Quarter Grades Assessments

Student Name: _____ Student ID Number: _____

Student Signature: _____ Date: _____

Photo and Promotion Release Form

TRIO Student Support Services (SSS) at Wenatchee Valley College (WVC) may take and use photographs of me and/or my child or excerpts of statements I provided to be used for promotional purposes, such as college publications, the website, displays, video presentations, and advertisements, with the understanding that my image and statements will be used to promote the TRIO SSS program and/or WVC only. I do this willingly, expecting no compensation or gratuity of any kind from WVC.

Name: _____

Address: _____

Phone: _____ Email: _____

Signature of individual or parent/guardian

Date

Information provided on this form will be kept confidential, in accordance with and as may apply under FERPA - the Family Education Rights and Privacy Act. This form will be kept in the program or department office that asked you to sign it. Thank you for your participation.

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