

UA - RICH MOUNTAIN STUDENT SUPPORT SERVICES PARTICIPANT DATA SHEET

DATE: _____ / _____ / _____ SEMESTER: Fall Spring Summer I Summer II

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ - _____ MAJOR: _____

WORK PHONE: (____) _____ - _____ PLACE OF EMPLOYMENT: _____

E-MAIL ADDRESS: _____

SUBJECTS TO BE TUTORED AND INSTRUCTOR'S NAME	

FREQUENCY OF TUTORING NEEDED: 3 HRS/WK 2 HRS/WK 1 HR/WK

HOURS YOU WILL BE AVAILABLE FOR TUTORING:
Please check all available boxes.

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7 - 8 a.m.					
8 - 9					
9 - 10					
10 - 11					
11 - 12 noon					
12 - 1 p.m.					
1 - 2					
2 - 3					
3 - 4					
4 - 5					
5 - 6					

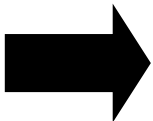
PLEASE SEE REVERSE SIDE.

***UA - RICH MOUNTAIN STUDENT SUPPORT SERVICES
PARTICIPANT CONTRACT***

I understand the opportunity I have been given to participate in the Student Support Services program. I understand that if I am to receive help from this program, I must agree to accept the following responsibilities:

1. To attend scheduled tutoring and laboratory sessions on a regular basis;
2. To attend scheduled individual counseling sessions on a regular basis;
3. To provide SSS with my current address and phone number;
4. To complete assigned assessment tools within the prescribed time period;
5. To prepare for learning sessions by doing necessary reading, practices, and other recommended activities such as cultural / educational enrichment activities and by attending my classes regularly;
6. To notify my tutor or SSS staff member when I am unable to keep an appointment in advance and to reschedule such appointments promptly;
7. To forfeit my participation in the Student Support Services program if I miss more than two consecutive appointments without contact and/or an appropriate reason, or if I fail to comply with any of the above stipulations; and
8. To obtain my goal of earning my degree or certificate and to consider transferring to a four-year institution.

I understand that I will have access to the Student Support Services program at no additional cost beyond my regular tuition and fees as a student of UA - Rich Mountain. I understand that the SSS staff may confer with my instructor(s) at any time concerning my attendance in tutorial sessions and my progress and grades. I also understand that all standards of confidentiality established by UA - Rich Mountain for student records will be followed concerning SSS records.



Participant Signature _____

The SSS Program at UA - Rich Mountain is funded in total (100%) by federal grant funding from the U.S. Department of Education, with an annual budget of \$378,800. For questions and other information, please contact Lisa Rackley, Director of SSS at 479-394-7622, extension 1624.