

Student Orientation Agreement

Student Name _____

Program (ETPL Approved) _____

Campus Location _____

Address

City

State

Zip

I understand that I have been approved for the training program listed above, and will receive financial assistance from the Workforce Innovation and Opportunity Act (WIOA) as written out in my Individual Employment Plan or Individual Service Strategy.

1. I will attend classes as scheduled. I will notify my Career Planner if anything prevents me from regularly attending classes or interferes with the completion of my training.
2. I will inform my Career Planner of any address or telephone changes.
3. I understand that any books, tools, uniforms, or any other material purchased by WIOA will remain the property of WIOA during the training period. If I discontinue training, or if I am terminated before completion, I agree to return these items to my Career Planner no later than seven (7) days after the date of termination. If I complete my training program, all agreed upon items become my property.
4. I agree to provide my Career Planner with a class schedule, financial information, and other pertinent information requested during registration each semester.
5. I agree to maintain a 2.0 GPA or better and to provide my Career Planner with copies of my grade reports and monthly evaluations at the end of each term.
6. I agree to follow attendance and drop/add procedures as outlined by WIOA and the college.
7. I agree to provide my Career Planner prior notice if I decide to change or quit my training program.
8. I understand and agree that this program is federally funded and that funds may be discontinued without prior notice and WIOA will not be held liable for any debts incurred for training. In this event, I understand that I will be responsible for any further financing necessary to complete my training.
9. I agree to pay the cost of all classes that are dropped after the school's identified drop/add time frame. If I return to WIOA for additional training services, I will pay the service provider or the training provider directly for all future training costs until the amount I have paid equals the amount I owed from the previous dropped classes. If no additional training is completed, the service provider can seek payment of training costs incurred for the dropped classes.
10. I agree that once I obtain employment I will report my employment information regarding employer name, address, wages, benefits, start date, etc. to my Career Planner.
11. I agree that I will continue to provide my Career Planner updates on my employment status every 30 days for up to 15 months following my program participation.

I have read this Student Orientation Agreement in full and understand its contents and voluntarily sign the agreement. I understand that violating any of the above terms and conditions may result in termination from the program.

Participant Signature

Date

Parent/Guardian Signature (if applicable)

Date

Program Staff Signature

Date