

The Communities of Learning Program
COL Student Agreement to register and participate
Spring 2008

Please complete the following:

Name: _____

EMPLID: _____

Address: _____

E-mail: _____

Telephone #: _____

Name of COL group: _____

Check one:

Academic Success Program

Career Communities Program

I, _____ understand that in order to participate in the COL Program, I must:

- Enroll in all of the COL courses in the section I select
- Actively participate in my courses
- Complete all assignments and requirements for my courses
- Conduct myself in a collegial manner
- Support my classmates

I have read the above statement, and I agree to comply.

Student Signature: _____

Faculty/Advisor approval: _____

Date: _____

For more information or to return completed, please contact any of the following:

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