



PARTICIPANT AGREEMENT FORM

Student Name _____ ID _____

Area of Study _____ Campus _____ Credits Completed _____

Contact Information

Home Phone (____) _____ Cell Phone (____) _____

Preferred E-mail _____ Facebook Name (Optional) _____
Interested in Joining our FB Group? Yes No

Please check one:

- Male
- Female

How were you referred to our program?

Please check ALL that apply (optional):

- African American or Black
- American Indian or Alaska Native
- Hispanic or Latino/a
- Native Hawaiian or Pacific Islander
- Southeast Asian
- White
- Other:

As a participant, I agree to the following guidelines:

- I will maintain regular communication with Step UP Program Staff for follow-up on my academic performance;
- I will make my Instructors and Step UP Program Staff aware if there are issues affecting my attendance and/or academic performance;
- I will follow the recommendations of my Instructors, Step UP Program Staff and/or other college staff related to academic success;
- I will attend at least one Step UP Program Workshop per semester;
- I will allow Step UP Program Staff to track my progress through information obtained from records, staff, faculty and/or administration here at Gateway Technical College;
- I am aware that the personal information provided to the Step UP Program will be protected under the Family Education and Privacy Act (FERPA) of 1974. I understand that this information will be used solely by the Gateway Technical College Step UP Program and that the contents will be kept in strictest confidence.

Student Signature X _____

Date _____