



PARTICIPANT AGREEMENT FORM

Student Name _____ ID _____

Area of Study _____ Campus _____ Semester _____

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

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:

How were you referred to our program?

As a participant, I agree to the following guidelines:

- I will maintain regular communication with my Learning Success Coach for follow-up on my academic performance;
- I will make my Instructors and Learning Success Coach aware if there are issues affecting my attendance and/or academic performance;
- I will follow the recommendations of my Instructors, Learning Success Coach and/or other college staff related to academic success;
- I will attend at least one Academic Success or related workshop per semester;
- I will allow Learning Success 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 Learning Success Coach 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 Learning Success Program and that the contents will be kept in strictest confidence.

Student Signature X _____

Date X _____