



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 **ALL** that apply:

- ☐ 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 Multicultural Program Staff for follow-up on my academic performance;
- I will make my Instructors and Multicultural Program Staff aware if there are issues affecting my attendance and/or academic performance;
- I will follow the recommendations of my Instructors, Multicultural Program Staff and/or other college staff related to academic success;
- I will attend at least one Multicultural Program Workshop per semester;
- I will allow Multicultural Program Staff to track my progress through information obtained from records, staff, faculty and/or administration here at Gateway Technical College. I understand that this information will be used solely by the Gateway Technical College Multicultural Program and that the contents will be kept in strictest confidence.

Student Signature X _____

Date _____