

Student Information

Student's Name		Date	
Name of School			
Type of Student		Hours per term	Required GPA
Full-time	Part-time		
Degree Type			
Est. time to complete degree	Anticipated completion date	Date grades/class schedule due	

Counselor Information

Counselor's Name	Email Address		
Address			
Phone Number		Fax Number	

Student Responsibilities

1. I agree to apply yearly for financial aid on or shortly after January 1st. I realize that I can apply online at www.fafsa.gov. I will provide a copy of the Student Aid Report (SAR) and the Financial Aid Notification (FAN) to my Vocational Rehabilitation (VR) Counselor each year.
2. I agree to contact the Office of Financial Aid at the school I plan to attend to investigate additional financial aid that may be available.
3. I will be either a full or part-time student. I understand that I am expected to make significant academic progress and complete so many hours per

term/semester/quarter and achieve a required grade point average. If I need to ask for an exception to this, I agree to discuss it with my VR Counselor.

(See Number 10)

4. I agree to notify my VR Counselor prior to dropping a class or withdrawing from school.
5. I will be working toward a degree that I anticipate to complete in the amount of time listed above. My anticipated completion date for my degree is also listed above. All my classes will be accredited and required for my degree unless an exception for special circumstances is approved and listed below.

(See Number 10)

6. It is my responsibility to register with the Disability Resource Center at my school. I must also advocate for myself by notifying the coordinator of needed accommodations and accessing the assistance provided to me. Please check the box if required.
7. I agree to notify my VR Counselor in advance if I need to request the purchase of a service. I understand that some services are based on economic need. I will discuss my needs with my VR Counselor prior to the start of each term or semester.
8. I agree to provide my VR Counselor with a copy of my semester/quarter grades and class schedule as soon as possible after the semester/quarter ends but no later than the date listed above. I understand that this is necessary to continue services. I am expected to do my best, but if my grades are poor or I am put on academic probation, I will agree to discuss this situation with my VR Counselor. In such situations, assistance may be suspended temporarily.
9. I agree to meet with or contact my VR Counselor after each semester/quarter, update my email address and/or phone number if they change, and contact my VR Counselor immediately if I'm placed on academic probation or suspended.
10. Other Individual Requirements and/or Exceptions:

Student Signature

Consumer Signature

Date