HIT<sup>d</sup> Scholars Program
STUDENT AGREEMENT
for Participation in Department of Labor Programs

By enrolling in this program, I hereby affirm that I:

• am a U.S. citizen, resident alien, or refugee/asylee.

• will, if enrolled in any of the H.I.T. programs, have ready access to a personal computer with a recent edition of Microsoft Office (or equivalent), an Internet browser, and a reliable Internet connection.

• understand that I may incur financial obligations for which I am personally responsible.

• will, if enrolled in the B.A.I.T. or M.S.I.T. degree program, pay my portion of the program expenses each semester in a timely manner via:
  o an employer’s tuition payment/reimbursement program;
  o personal funds – or those of family, friends, etc.;
  o scholarships/grants;
  o loan programs;

• possess knowledge equivalent to the prerequisite courses for the program or will complete the necessary prerequisite courses upon enrollment.

• will make reasonable efforts to attend all class sessions and submit course assignments, as required by the instructors.

• understand that any course I am required to re-take for failing to achieve a passing grade will be at my own expense and may compromise my ability to remain in the program. (A grade of “C-“ or above is required for courses in the major and a grade of “D” or above is required for all other “non-major” courses.)

• intend to complete my academic program no later than Summer 2015 and am prepared to complete the coursework on an accelerated schedule, if necessary, in order to do so.

• intend to pursue a promotion or new, higher-paying position in my field of study by Summer 2015.

• will provide program staff with data regarding my job search, promotions, salary, etc., as requested, for reporting to the Department of Labor and other appropriate parties.

• understand that I am bound by my educational provider’s (CUA) Student Handbooks, academic rules, and other policies while in the DOL Program.

• will notify my advisor of any issues of concern that may have an impact on my ability to complete the training.
• will provide proof of income, if requested, via paystub or other legal document.

• will submit proof of citizenship status, if requested.

• acknowledge that I may be dismissed from the program by the DOL Program Director if I do not demonstrate reasonable efforts to meet these expectations.

Hereby attested:

______________________________________________ _______________________
Signature Date

______________________________________________
Printed Name