Student Signature:\_

Preparato CtcLink ID Number	Birth Date	
Last Name	First Name	Middle Initial
A Preparatory Coursework is available to eligibstudents who are taking required courses to gai Please read the information below and <b>initial e</b> I will meet the following conditions:	n eligibility into a program at another colleg	ge or university.
Provide an Educational Plan complete within one consecutive 12-month pe	ed from my advisor showing required cours riod (see reverse side of this form)	ework to be completed
Enroll in six (6) credits or more each c	quarter	
The list of courses cannot be changed changes, this contract will be null an	d once the contract has been approved and d void and I must notify financial aid	signed; If program of study
Maintain 2.0 cumulative GPA and succ "C" or better	cessfully complete all sequential course cre	dits each quarter with grade of
Courses will be verified each quarter; 5th day of the quarter	therefore, I must be enrolled in program re	quired courses by the end of the
	e/certificate coursework, I may receive dire unt for one consecutive 12-month period	ect subsidized and/or
Once loans have been disbursed, I am Aid Office prior to making any schedu	responsible for completion of all credits an ule changes	nd will consult with the Financial
	the 12-month period, for any reason, this co	ontract will be null and void. There

Clark College does not discriminate on the basis of race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, or use of a trained guide dog or service animal in its programs and activities, in accordance with state and federal laws. The responsibility for and the protection of this commitment extends to students, faculty, administration, staff, contractors and those who develop or participate in college programs. It encompasses every aspect of employment and every student and community activity. The following person has been designated to handle inquiries regarding non-discrimination policies: Vice President of Diversity, Equity, and Inclusion, Gaiser Hall (GHL) 220, 360-992-2757, or 360-991-0901 (video phone).



For Office Use Only

Checklist **ECL071** 

	Prep	aratory C	our	sework	Contract			
<b>€</b> cLink ID Number				Birth Date				
Last Name				st me	Middle Initial			
Please check one	e of the boxes below:							
I intend to	enroll in a Bachelor prog	ram offered <b>at Clark C</b>	ollege (go	o to Clark College a	dvisor to complete)			
☐ I will take o	courses at Clark College t	o gain entry into a pro		OR <b>another college</b> (go	o to transfer school ac	dvisor to complete	·)	
Intended Prog	,	onleted by your advi						
Education plan of courses, to be completed by your advisor:  Quarter:Year:				Quarter:		Year:		
Course Number	Course Name	# of 0	Credits	Course Number	Course Name		# of Credits	
0 1		**	T			**		
Quarter: Course Number	Course Name	Year:	Credits	Quarter:  Course Number Course Name		Year:# of Credits		
Course Number	Course maine	# 010	Ciedits	Course Number	Course Name		# of Cledits	
I hereby state th	nat the courses outlined and Program of Study lister	above are necessary pi	rerequisit	es for this student	and are required to b	oe considered for	admission	
Advisor Signatur	e:			Da	te:		_	
College or Unive	rsity:		Page 2		one #:		_ d 05/03/22 KJ	