



**Memorandum of Understanding (MOU)
California College Promise Program (CCPP) – AB 19 Students**

Student Agreement Form

Student Name: _____ **Student ID:** _____

Program Semester (Select One):

Fall 20 _____ Spring 20 _____

Program Overview: The California College Promise Program (CCPP) at Laney College provides financial and academic support to eligible students. As a participant in this program, students agree to fulfill specific requirements to maintain eligibility.

Eligibility & Requirements To maintain eligibility in the AB 19 program, the student must:

- **Student Initials:** _____ Submit a FAFSA or California Dream Act Application (CADAA).
- **Student Initials:** _____ Not eligible for PELL or the California College Promise Grant (CCPG).
- **Student Initials:** _____ Be a first-year student (less than 30 units earned) or a second-year student (30–60 units) who received the AB 19 grant in their first year.
- **Student Initials:** _____ Be enrolled in at least 12 units per semester.
- **Student Initials:** _____ Be classified as a California resident.
- **Student Initials:** _____ Declare Laney College as the home school.
- **Student Initials:** _____ Have a declared major.
- **Student Initials:** _____ Not have earned any prior degrees.
- **Student Initials:** _____ Verify that they have not completed 70 or more units overall.

Mutual Commitment Agreement By signing this Memorandum of Understanding, the student agrees to:

1. Attend three (3) mandatory counseling appointments per semester:
 - Beginning of Semester: Initial appointment for orientation and goal setting.
 - Mid-Semester Check-in: Academic progress review and adjustments.
 - End of Semester: Reflection, planning, and preparation for the next semester.
2. Maintain full-time enrollment (12+ units per semester).
3. Make satisfactory academic progress (minimum 2.0 GPA and completion of 67% of attempted units).
4. Adhere to financial aid deadlines and complete any requested financial aid documentation.
5. Utilize program resources and attend recommended workshops or events.
6. Notify the AB-19 Counselor if experiencing academic or personal challenges affecting progress.



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Acknowledgment & Agreement

I, _____ understand the requirements of the California College Promise Program (AB 19) and agree to fulfill my responsibilities to remain eligible. I acknowledge that failure to meet these commitments may result in the loss of program benefits.

Student Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

Assigned Counselor Information

Freddie P. Ika *Ph.D, MSW*

Location: Building A (RM# 108)

Email: fpika@peralta.edu

Phone: (510) 464-3146

Submission Instructions:

- Complete and sign this form during your first AB-19 counseling appointment.
- Attach a copy of your Comprehensive Student Education Plan (SEP).
- Submit the signed form via email directly to the AB-19 Counselor.

For additional information, contact the Laney College California College Promise Program (CCPP) Counselor.