

LONG BEACH STATE UNIVERSITY
INTERCOLLEGIATE ATHLETICS DEPARTMENT
DEGREE COMPLETION PROGRAM

C O N T R A C T

I, _____, a recipient of a discretionary Degree Completion Program Grant, agree to the following conditions and requirements of the Degree Completion Program.

1. Semester of funding: Fall 2012 Spring 2013
2. Satisfactorily complete ALL courses beginning with the spring 2012 semester, as indicated on the graduation plan submitted with the Degree Completion application.
3. Enroll in a minimum of 12 units at Long Beach State for the duration of the grant. If you will be graduating at the end of a semester, and do not need 12 units to do so, you may enroll in less as long as ALL are taken at Long Beach State.
4. Maintain a 2.00 semester and cumulative GPA.
5. Successfully complete an internship in the Intercollegiate Athletics Department (ICA) during the Fall and Spring (if applicable) semester(s) for _____ hours per semester.
6. Attend Senior Excellence Program (7 meetings) during the semester(s) which will count towards your internship hours.
7. Submit internship hours by the 1st of each to the CHAMPS/Life Skills Coordinator with supervisor's signature verifying hours worked.
8. Meet prior to the end of the semester, in which you were notified of the internship, with the CHAMPS/Life Skills Coordinator to sign your contract. Prior to the start of the semester you will be notified of your internship assignments.
9. Inform the CHAMPS/Life Skills Coordinator of any change in physical address, email, or phone number.
10. Inform the Associate Athletic Director for Compliance and the CHAMPS/Life Skills Coordinator if you sign a professional sports contract or are contacted by an agent or other representative of professional sports.

Failure to meet any of the terms of this contract may result in the immediate reduction or cancellation of the grant without notice. You may be responsible for any charges incurred as a result of this reduction or cancellation. An institutional financial hold may be put on your student account as a result as well.

By signing this contract I agree to all of the above and understand my obligations to receive financial assistance from the Degree Completion Grant.

Signature of student-athlete

Date

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Amount of award: \$ _____ Hours required: _____

Intern assignment _____