

**EDUCATIONAL OPPORTUNITY PROGRAM
SUMMER ACADEMIC ENRICHMENT PROGRAM
CONFIRMATION TO ATTEND**

Name: _____

ENROLLMENT IN SEPTEMBER IS CONTINGENT UPON THE SUCCESSFUL COMPLETION OF THE SUMMER PROGRAM.

Therefore, all students must:

1. Place in Math (pre-calculus, minimum) at the end of the summer program.
2. Complete the Summer Academic Enrichment Program and follow all rules and regulations set forth by the Educational Opportunity Program.
3. Receive No failing grades.
4. Cooperate with and respect all program personnel as they carry out their responsibilities for the Educational Opportunity Program.
5. Participate in all classes, homework sessions and other scheduled activities and adhere to the summer program schedule.
6. Maintain excellent attendance and punctuality in all online classes and scheduled activities.
7. Make consistent academic progress.

I have read, fully understood and agree to the terms of this agreement as specified above. Furthermore, I understand that if any of this agreement is violated, it may result in my dismissal from the Summer Academic Enrichment Program. I also understand that a mid-summer and end-of-the summer performance review will be conducted. Final acceptance will be based upon the overall academic performance as indicated in the assessments.

Signature of Student

Date

As the parent/guardian of the above student, I am in full agreement with these policies set forth by the Educational Opportunity Program Office.

Signature of Dr. Smith, Director

Date

Date

2020 EDUCATIONAL OPPORTUNITY PROGRAM

Family and Student Questionnaire

Name: _____ HS: _____

A. Please provide a brief statement about yourself and family history.

B. Please list your Ethnicity. _____

C. What major did you choose? Why?

D. Why did you choose NJIT?

E. Are you interested in any of the following?

- Paid Internship
- Paid Co-Op (Available Sophomore Year)
- Paid Research
- Paid Work-Study
- Study Abroad

Educational Opportunity Program

SUMMER ACADEMIC ENRICHMENT PROGRAM

New Student Health History Questionnaire

All questions contained in this questionnaire are strictly confidential.

Student's Name (last, First, M.I.): _____ Sex: M F

DOB: __/__/__ Last 4 digits of your SS#: _____ NJIT SID#: _____

PERSONAL HEALTH HISTORY

Childhood Illness: Measles Mumps Rubella Chickenpox Rheumatic Fever Polio

Immunizations: Tetanus Pneumonia
 Hepatitis Chickenpox
 Influenza MMR *Measles, Mumps, Rubella*

Dates:

Any Drug Usage

List your prescribed medications and over-the-counter medications, such as vitamins and inhalers

Name of the drug	Strength	Frequency Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any medications that you are allergic to

Name of the drug	Reaction You Had
_____	_____
_____	_____
_____	_____
_____	_____

Health Habits and Personal Safety

- Exercise**
- No exercise (Sedentary)
 - Mild exercise (i.e., climbs stairs, walk 1/2 mile, ride bike)
 - Occasional vigorous exercise (recreation, less than 4x/week for 30 minutes)
 - Regular vigorous exercise (recreation, aerobics 4x/week for 30 minutes)

- Diet**
- Do you have special dietary needs? Yes No
- If yes, are you on a physician prescribed medical diet? Yes No
- List Here:

- Food Allergies** None Peanut Shellfish Other:

- Tobacco**
- Do you smoke cigarettes? Yes No
- 1 – 2 Packs per day 3 - More Don't Smoke

Mental Condition or Disability

- Is stress a major problem for you? Yes No
- Do you feel depressed? Yes No
- Do you panic when stressed? Yes No
- Do you have problems with eating or your appetite? Yes No
- Do you cry frequently? Yes No
- Have you ever seriously thought about hurting yourself? Yes No
- Do you have trouble sleeping? Yes No
- Have you ever been to see a counselor? Yes No
- Do you have a Learning Disability (specify below)? Yes No
 - IEP
 - Hearing
 - Speech
 - Psychological
 - Physical
 - Sight

Emergency Contact Information

Student's Name

Date of Birth

Mother/Guardian

Father/Guardian Name

Cell Phone

Work Phone

Cell Phone

Work Phone

E-Mail

E-Mail

Address

Address

City, State Zip Code

City, State Zip Code

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Cell Phone

Work Phone

Cell Phone

Work Phone

Address

Address

City, State Zip Code

City, State Zip Code

E-Mail

E-Mail

**EDUCATIONAL OPPORTUNITY PROGRAM
SUMMER ACADEMIC ENRICHMENT PROGRAM
RULES & REGULATIONS**

The EOP Summer Academic Enrichment Program provides an opportunity for all students to maximize their potential. To accomplish this goal, students must adhere to the rules and regulations.

1. I will adhere to all Summer Program policies.
2. I will respect my fellow students, faculty and staff at all times.
3. I will not be late or absent from classes, homework sessions, and appointments.
4. If a parent or legal guardian must see a student because of an emergency, the EOP Resident Supervisor or one of the EOP RA's must be contacted.
5. I will adhere to curfew in the residence hall.
6. I will not leave the premises of the University without written permission from the **EOP Director** or her designee.
7. I understand that **under no circumstances** will I be allowed on the floor(s) of the opposite gender.

**VIOLATION OF THIS REGULATION IS GROUNDS FOR MY IMMEDIATE
DISMISSAL FROM THE PROGRAM.**

8. I will strictly adhere to quiet hours in the residence hall.
9. I will not have a car on campus, unless cleared ahead of time by Dr. Smith.
10. I will return to campus at the designated time so that I may participate in the scheduled activity.

Infractions of any of the above program policies/regulations may result in my immediate suspension from the EOP Summer Academic Enrichment Program.

Student's Name

Date

Director, Dr. Smith

Date

New Jersey Institute of Technology
Educational Opportunity Fund Program
Summer Academic Enrichment Program

Cellular Phone Policy & Contract

Mission

The Educational Opportunity Program at New Jersey Institute of Technology allows the possession and use of cellular telephones. However, the usage of cellular phones, like participation in the EOP Summer Academic Enrichment Program, is a privilege. Therefore, at the discretion of the summer program director, that privilege can be revoked or terminated at any time.

Specifications

The cellular phone policy and contract will outline the parameters of usage and allowance. In order to possess a cellular phone you must understand and agree to the following terms:

- All cellular phones are to be turned in upon arrival every Sunday to the Resident Assistant (RA) on your floor.
- All cellular phones will be returned on Thursday at check-out.
- **Cellular Phone Privilege:** Wednesday, from 11pm – 12am, in dorm room ONLY.
- No cell phones are to be used in suite bathroom or foyer, hallways, or lounges during Cellular Phone Privilege hour. (Studying may be going on at that time)
- Resident Assistant (RA) will come to retrieve all cell phones at 12am.
- All cell phones must be turned completely off before being turned into the Resident Assistant (RA).

Violating Policy & Penalties

Failure to turn in your cell phone on Sunday at check-in will subject you to a two prong penalty system that will take effect immediately.

First Violation: Loss of phone for the remainder of the academic week, and a parent or guardian must be present to pick up the phone during Friday evening check-out.

Second Violation: Loss of cellular phone for the remainder of the Summer Academic Enrichment Program and a parent or guardian must be present to pick-up the phone on the date of the violation. Third violation, appropriate university staff will confiscate the cell phone and **the cellular phone will NOT be returned!** The director of the program will donate the phone to “**Cell phones for soldiers**”.

Student Name and Signature

I _____ (Print Name), agree to the Cellular Phone Policy & Contract.

I _____ (Sign Name), agree to the Cellular Phone Policy & Contract.

Parent/Guardian Name and Signature

I _____ (Print Name), agree to the Cellular Phone Policy & Contract.

I _____ (Sign Name), agree to the Cellular Phone Policy & Contract.

Dr. Crystal Smith
Executive Director, Educational Opportunity Program