

Student Agreement

If I take distance learning classes, I understand that I am expected to:

- Study for five to eight hours each week
- Complete the weekly assignments and submit them on time
- Contact my instructor weekly

I understand that my enrollment with distance learning might be closed if I do not meet these expectations.

Student signature

Date

As a student in the Distance Learning Project, your information may be shared with other teachers and employees of government agencies (PA Department of Education, Department of Public Welfare, and Department of Labor & Industry) that will support you in your studies. All your information will be kept in confidence. You may ask the DLP to not share your information. From the time of your notification, the DLP will not share your information further.

I understand that my personal information will be shared to help me reach my goals.

Student signature

Date

I understand that I will need to call the Distance Learning Project to provide other personal information (including my Social Security number) and schedule a phone orientation to complete my application.

Student signature

Date