

FULL TIME COLLEGE APPLICATION
(Vocational – Undergraduate - Graduate)

POLICY ACKNOWLEDGEMENT FORM

I _____, have received and read a copy of the
(Print name)
Confederated Tribes of Grand Ronde Higher Education Programs Full Time College Program Policy dated October 6, 2015, which outlines the terms and conditions of the program as well as my responsibilities. I understand that if I do not fulfill the terms and conditions of the Full Time College Program Policy that I may be required to repay all funding that I have received towards my education. I agree to provide grades at the conclusion of each term/semester, and to provide class schedules at the beginning of each term/semester. I understand that if I fail to provide the required information that my funding may be delayed or canceled.

I have familiarized myself with the contents of the Full Time College Program Policy. By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in the Full Time College Program Policy.

Roll Number _____

(Student Signature)

Date