Code of Conduct Agreement Form

We are excited to have you participating in our summer program! To make your participation to your summer program the best possible experience, we expect students to adhere to the guidelines listed below. Before you confirm your participation in your summer program, please confirm your understanding and agreement to adhere to the policies below by reading this document carefully and signing where indicated.

**College Access Programs Standard Sanction Policy**
Any of the following violations will result in automatic removal from the program.

<table>
<thead>
<tr>
<th>Alcohol Use/Abuse</th>
<th>Tobacco or Vape Use/Abuse</th>
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</thead>
<tbody>
<tr>
<td>Sexual Misconduct of any kind</td>
<td>Involvement with Pornography</td>
</tr>
<tr>
<td>Sexual Activity of any kind</td>
<td>Academic Integrity Violations</td>
</tr>
<tr>
<td>Drug Use/Abuse</td>
<td>Weapons Violations (including pocket knives and pepper sprays)</td>
</tr>
<tr>
<td>Safety Violations</td>
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</tbody>
</table>

Violations of other policies stated by College Access Programs staff will result in a written infraction to document the incident. Infractions will be addressed by Resident Assistants and referred to Resident Directors, the Academic Director, or the Program Director when necessary.

*College Access Programs reserves the right to adjust or amend the list of sanctions as needed to protect the program and its participants*

We have read and understood that violating any of the above infractions will result in automatic removal from the program.

__________________________________________________________
Print parent/guardian name

___________________________                                ___________________________________
Print parent/guardian name                                          Print student name

___________________________
Parent/Guardian signature

___________________________
Student signature

**No Visitor Policy**
Families and friends of summer program participants must understand that students may not receive visitors during the program (except programming events noted by program staff). This includes visits from family and friends who may be employees or students of the university.

We have read and understood the No Visitor Policy and agree to adhere to this expectation.

__________________________________________________________
Print parent/guardian name

___________________________                                ___________________________________
Print parent/guardian name                                          Print student name

_________                ______________________
Parent/Guardian signature                                            Student signature

**No Outside of Program Activities Policy**
Families and friends of summer program participants must be clear on this point: no outside activities, including weddings, family reunions, leaving campus without College Access Programs staff, etc. is allowed if a student chooses to participate in any summer program at College Access Programs. This includes meals, meetings,
etc. with family and friends who may be employees or students of the university. Students may not keep a car on campus during the program.

We have read and understood the No Outside of Program Activities Policy and agree to adhere to this expectation.

Print parent/guardian name ________________________ Print student name

Parent/Guardian signature ________________________ Student signature

**Full Participation Policy**
Summer program participants must participate in the entire duration of the summer program. This includes weekdays as well as weekends.

Are you available for the entire length of the program?

____YES     ____NO

We have read and understood the Full Participation Policy and confirm that the student named below is available for the entire length of (program dates)____________________through____________________.

Print parent/guardian name ________________________ Print student name

Parent/Guardian signature ________________________ Student signature

We understand that College Access Programs office reserves the right to remove any student(s) at any time during the program to protect the integrity of the program and its participants.

Print parent/guardian name ________________________ Print student name

Parent/Guardian signature ________________________ Student signature

___________________________________________________________________________________
This form must be completed and returned with all enrollment documents to College Access Programs.

Completed forms may also be emailed to collegeaccess@calvin.edu