**Contract of Understanding**

**Adult Career Pathway—Healthcare**

Please initial after each statement to verify that you understand and agree.

1. I will be on time for all classes. \_\_\_\_\_
2. I will attend all classes, including reading and support, for the entire 16 weeks. \_\_\_\_\_\_
3. I have back up plans for childcare and transportation. \_\_\_\_\_

My back up plans are:

1. I will be respectful of classmates, instructors, and others. \_\_\_\_\_
2. I will participate in classroom activities (homework, exams, etc). \_\_\_\_\_
3. I will dress appropriately for class. \_\_\_\_\_
4. I will not be disruptive in the classroom or anywhere else at LLCC. \_\_\_\_\_
5. Cell phone use is prohibited in the classroom. \_\_\_\_\_
6. No food in the classroom. \_\_\_\_\_

10. I understand that if I have a job or take a job during the 16 weeks, that I am still under the obligation to attend all classes. \_\_\_\_\_

Name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_