



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK /
ALBANY, NY 12234

ADULT CAREER AND CONTINUING EDUCATION SERVICES
ADULT EDUCATION PROGRAMS AND POLICY

Adult Education Programs & Policy
New York State
EPE Distance Education

Student Agreement

My Program: _____

My Name: _____

My Teacher: _____

I am agreeing to enroll in an EPE Distance Education Program. I also agree to do the following (please initial on each line):

_____ I am planning to work 6 hours or more per week on the assignments I am given by my teacher.

_____ I will record the dates and times that I work on the Student Work Time Record and include it when I return my work from the two-week packet.

_____ I will do my best to attend the tutoring sessions if I need more help with any part of the packet assignments.

_____ I will communicate with my teacher via email or text or phone.

_____ I understand and agree to coming in-person to take a post-test when my teacher schedules one so I can demonstrate the skills I have learned.

Student Signature

Date