

STUDENT SELF-DETERMINATION AGREEMENT

1. It is my responsibility to develop myself to my fullest potential and the Saddle Lake Education Authority shall support my personal and educational growth.
2. I will accept the responsibility of protecting the Treaty Right to Education by respecting and abiding by the Saddle Lake Post Secondary Policy Manual as set forth by the Saddle Lake Chief and Council and Saddle Lake Education Authority.
3. I shall maintain an honest, co-operative and positive approach towards post secondary education regarding personal and career goals by:
 - a. Demonstrating good judgement and behaviour;
 - b. Accepting personal responsibility for decisions, choices and actions;
 - c. Exercising conscientious choices and values;
 - d. Respecting staff and students of the Saddle Lake Post Secondary Program and the educational institution(s); and
 - e. Adhering to all policies and regulations of the institution enrolled in, including those relating to:
 - i. Plagiarism;
 - ii. Fraud;
 - iii. Cheating; and
 - iv. Any dishonest conduct.
4. I shall notify the Post Secondary staff immediately of any changes in academic or personal status. i.e. Change from full-time to part- time studies, withdrawals from program and/or course(s), change in family/household status, etc.
5. I shall pursue my post-secondary studies by:
 - a. Working to achieve the objectives required for each class session;
 - b. Completing all assignments and examinations;
 - c. Being consistent and committed to my career plan; and
 - d. Attending all scheduled classes and exams.
6. I shall seek academic and/or support services when needed for:
 - a. Academic assistance/ tutorial support;
 - b. Substance abuse counselling;

- c. Family counselling;
 - d. Physical abuse counselling; or
 - e. Any other support service approved by the Education Authority.
7. I shall utilize the Education Authority Appeal Process, as stated in manuals, if necessary.
 8. I understand that failure to notify Post Secondary of changes in academic or personal status could result in recoveries to the program if payments were made under fraudulent circumstances. The appropriate authorities will be notified and criminal charges could result.
 9. I shall attend student orientation during the latter part of August prior to release of PSA cheques.

I agree to and will abide by the Student Self-Determination Agreement as stated above.

Name (Please Print) _____

Signature: _____

Date: _____

Program: _____

Institution: _____

Year of Study: _____ of _____