



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

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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.

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Student Signature

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Date