



## DAY ONE GUARANTEE RETRAINING AGREEMENT

----- *To be completed by Graduate/Completer* -----

Graduate/Completer's Full Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Degree/Certificate/Technical Diploma/TCA Earned: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Academic Division and Program: \_\_\_\_\_ Student ID # \_\_\_\_\_

Local Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

----- *To be completed by Graduate's Initial Employer* -----

Supervisor's Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Organization: \_\_\_\_\_ Graduate's Full-time Hire Date: \_\_\_\_\_

Local Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

List specific competencies in which you are requesting the graduate be retrained:

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Supervisor's Signature

Date

----- *To be completed by Division Dean (or Appropriate College Official)* -----

Day One Retraining Plan - First Semester			Day One Retraining Plan - Second Semester		
Semester/Year:			Semester/Year:		
Course Prefix & Number	Title	Sem. Hrs.	Course Prefix & Number	Title	Sem. Hrs.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total Credit Hours:			Total Credit Hours:		

Division Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to the terms of Delgado's Day One Guarantee policy. I understand I must earn a 'C' or better to fulfill the requirements this agreement and the last grade awarded will stand as my final grade for the course(s) above. I further understand a lower final grade may affect the transferability of that course to another program or institution. Delgado will waive all tuition, related lab, and student fees for the course(s) above, excluding fees legislatively mandated to be paid by ALL students.

Graduate/Completer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

----- *Approvals and Processing* -----

**Approval:** \_\_\_\_\_ Date: \_\_\_\_\_  
Vice Chancellor for Academic Affairs

**Processed:** \_\_\_\_\_ Registrar's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Original agreement maintained by College Registrar; Copies to Graduate/Completer, Division Dean, VCAA, Bursar*