



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:

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