

EOP EDUCATIONAL OPPORTUNITY PROGRAM TRANSFER VERIFICATION FORM

TRANSFER REQUEST			
The student whose name appear	s below is applying to the Educa	ational Opportunity Progr	am at:
SUNY CAMPUS:			
Academic Year:	Semester: Fall	Spring	
STUDENT NAME	First		MI

ELIGIBILITY

In general, transfer admission is available for students who previously participated in a New York State Opportunity Program (Educational Opportunity Program (EOP), Higher Educational Opportunity Program (HEOP) and, Search for Elevation Education and Knowledge/College Discovery (SEEK/CD). Please note that previous program participation and meeting the eligibility criteria do not guarantee admission. Capacity, institutional fit, and overall performance will be considered in the application review process.

Though the transfer option is intended primarily for students who began their college studies in a New York State Opportunity Program, there are specific circumstances in which a student who is not in such a program may be accepted as a transfer.

INSTRUCTIONS

This form must be completed by the Educational Opportunity Program director or a campus professional at the college from which the student is transferring. The person completing the form must be able to respond to questions regarding the student's academic and income eligibility, direct aid award payments, and overall participation in the program. Once completed, return the form to the Educational Opportunity Program director at the campus the student is applying for transfer to. To render a timely admission decision to the student, please provide answers to all questions on the form.

PLEASE RETURN THE SIGNED FORM VIA ELECTRONIC MAIL WITHIN SEVEN BUSINESS DAYS

THIS SECTION OF THE FORM IS TO BE COMPLETED BY THE PROGRAM DIRECTOR AT THE CAMPUS FROM WHICH THE APPLICANT IS TRANSFERRING

PART 1. STUDENT INFORMATION

Transferring campus:			
SUNY:		Non-SUNY:	
Other:			
Applicant is applying for: Fall Semester	Spring Semester	Academic Year	
Last Name	First Name		MI
Will the student earn an associate's degree	prior to transferring Yes	No	
Planned Academic Major			
Number of Credits Earned	Current Cumulative G	GPA	
The student is eligible for the Foster Youth (College Success Initiative (F	YCSI) per the guidelines Y	es No
Nate. The Foster Vouth College Success Initiative in	s a New York State leaislated pro	param designed to alleviate the	financial hurden of foster

Note: The Foster Youth College Success Initiative is a New York State legislated program designed to alleviate the financial burden of foster youth who are pursuing a college degree. While some colleges may provide academic and personal support services, the principal feature of the FYCSI is the provision of financial assistance. Eligible students receive FYCSI direct aid to offset college costs such as tuition, fees, books, supplies, housing, meals and transportation. In order to participate, students must provide documentation to verify eligibility. For more information, you may contact the Educational Opportunity Program at the campus to which the student is applying.

PART II. ENROLLMENT VERIFICATION (Please Check One)

New York State Colleges & Universities

The student was admitted to a New York State EOP, HEOP, or College Discovery/SEEK Program. Documentation of the student's eligibility is on file.

We do not have an EOP, HEOP, or CD/SEEK program, but the student was admitted through a college access program for economically disadvantaged and academically under-prepared students.

We have a New York State EOP, HEOP, or College Discovery/SEEK Program, but the student was not admitted due to ineligibility.

The student met the academic and financial criteria for opportunity program student eligibility, but was not admitted due to limited capacity. Documentation of the student's eligibility is on file.

We have an Educational Opportunity Program, but the student did not submit an application for EOP and/or did not notify the office of his/her eligibility to participate. Therefore, we are unable to verify the student's EOP eligibility.

We do not offer an opportunity program or a similar program, but the student would have met the criteria for academic and income eligibility. (Please contact the SUNY System Administration Office of Opportunity Programs to ascertain previous year income guidelines, if necessary)

Colleges & Universities Outside of New York State

The student was admitted into a program with the same mission as the New York State Educational Opportunity Program (e.g. ACT 101, EOF). Documentation is attached stating that the student was both financially and academically disadvantaged at the time of admission.

The student was enrolled in a course of study at a college which has traditionally served underrepresented and financially disadvantaged populations. Documentation is attached verifying that the student was both financially and academically disadvantaged at the time of admission.

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te of Admission to	EOP: Fa			Spring	Summer	
e student was enro	lled in: EC)P	HEOP	SEEK/CD		
pportunity Program le Educational Opportancial support. In ompus regardless o	(i.e., EOP, HEOF ortunity Progra completing this f award level. F	m policy gui section, plea	delines re ase identif t list actua	strict the number of y the terms the stud Il award amounts. In	nt attended a New York State semesters a student can receivent received EOP direct aid at y stead, simply indicate the year o	our of
	Please do not l		payments i		e pre-freshman summer program	n)
Term		Term		Term	Term	4
Summe		Fall		Winter Winter	Spring	4
Summe		Fall Fall		Winter	Spring Spring	\dashv
Summe		Fall		Winter	Spring	\dashv
		Fall		Winter	Spring	\dashv
	-	Fall		Winter	Spring	\dashv
Summe	er	•				
Summer Su			o received Term	direct aid payments	at the following institutions:	

! COMPLETE THIS SECTION ONLY IF YOUR CAMPUS	DOES NOT HAVE A NEW YORK	STATE EOP, I	HEOP, OR CD/SEEK PR	OGRAM
PART V. STUDENT ENROLLMENT DATA				
Date of Admission: Fall	Spring	Summer _		
High School Average (at time of application)	Combined SAT Score		ACT Composite	
Date of Attendance From	until			
Total Household Income at the Time of Admission				
Total Household Size at the Time of Admission _				
PART 6. AUTHORIZATION				
Program Director/Staff:				
Department:				
Name of College/University:				
Work Phone				
Email Address				
Signature			e:	

Note: Electronic signatures are acceptable.

