



EOP EDUCATIONAL OPPORTUNITY PROGRAM TRANSFER VERIFICATION FORM

TRANSFER REQUEST

The student whose name appears below is applying to the Educational Opportunity Program at:

SUNY CAMPUS:

Academic Year: _____ Semester: Fall Spring

STUDENT NAME

Last _____ 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 to which the student is applying. 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

PART I. 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 GPA _____

The student is eligible for the Foster Youth College Success Initiative (FYCSI) per the guidelines Yes No

***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.

PART III. ACADEMIC BACKGROUND

Date of Admission: Fall _____ Spring _____ Summer _____

The student was enrolled in: EOP HEOP SEEK/CD

Are you aware of any institutions attended by the student prior to enrolling at your institution? If so, please specify:

PART IV. SEMESTERS OF ELIGIBILITY

The Educational Opportunity Program policy guidelines restrict the number of semesters a student can receive EOP financial support. In completing this section, please identify the terms the student received direct aid at your campus regardless of award level. Please do not list actual award amounts. Instead, simply indicate the year of direct aid payments. *(Please do not include any payments in connection with the pre-freshman summer program)*

Term	Term	Term	Term
Summer	Fall	Winter	Spring
Summer	Fall	Winter	Spring
Summer	Fall	Winter	Spring
Summer	Fall	Winter	Spring
Summer	Fall	Winter	Spring
Summer	Fall	Winter	Spring

2. According to our records, the student has also received direct aid payments at the following institutions:

Institution Name	Term

The student used a total of _____ terms of direct aid funding.

Note: Educational Opportunity Program students are allowed ten semesters of EOP direct aid payments to pursue a baccalaureate degree and six semesters to earn an associate’s degree. No more than ten semesters can be awarded in total unless approved by the SUNY Office of Opportunity Programs.

! COMPLETE THIS SECTION ONLY IF YOUR CAMPUS DOES NOT HAVE A NEW YORK STATE EOP, HEOP, OR CD/SEEK PROGRAM !

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 _____
Month/Year Month/Year

Total Household Income at the Time of Admission _____

Total Household Size at the Time of Admission _____

PART VI. AUTHORIZATION

Program Director/Staff: _____

Department: _____

Name of College/University: _____

Work Phone _____

Email Address _____

Signature _____ Date: _____

Note: Electronic signatures are acceptable.

