

Certification of Participation in an EOP, HEOP, or SEEK Program

New Paltz ID:

Email:

Name:

Address:

Telephone:

Birth Sex:

M

F

Ethnicity* (Please check one):

White, Non-Hispanic

Asian or Pacific Islander

Black, Non-Hispanic

American Indian or Native Alaskan

Hispanic

Other

** This information is requested for recruitment and statistical purposes only. The State University of New York grants admission and financial aid based on the qualifications of the application, without regard to sex, race color, creed, national origin, disability or handicap.*

SUNY College or University Center you are applying to: SUNY New Paltz

Field of Study/Major, please specify exactly what area of study you intend to pursue:

Degree Being Sought (Please check one):

Master of Arts (MA)

Master of Art in
Teaching (MAT)

Master of Science in
Education (MSEd)

Master of Science in
Teaching (MST)

Master of Business
Administration (MBA)

Master of Fine Arts
(MFA)

Master of Professional
Studies (MPS)

Master of Science
(MS)

Expected Semester and Year of Graduation:

Semester

Year

Did you participate in EOP, SEEK or HEOP as an undergraduate student?

Yes

No

If yes, what College or University did you attend?

EOP/SEEK/HEOP

Date

EOP/SEEK/HEOP

Date

Director's Name (Type or Print)

Director's Signature

Graduate & Extended Learning
Approval

Date