

EDUCATIONAL OPPORTUNITY PROGRAM TRANSFER VERIFICATION FORM

TO: EOP/HEOP/SEEK/DISCOVERY Office

STUDENT: _____ **SOCIAL SECURITY #** _____

The above named student is currently a candidate for admission to the Educational Opportunity Program at the University of Albany. In order to transfer to our program, candidates must demonstrate participation in a similar program. Please complete the information below and return this form to:

Cesar Sanchez
Office of Undergraduate Admissions
University at Albany
1400 Washington Avenue
Albany, New York 12222

PART I

1. The student was admitted to _____ through:
 a. ___ HEOP b. ___ EOP c. ___ SEEK d. ___ College Discovery
 e. ___ Never enrolled in such a program f. Other, please specify: _____

2. The institutions academic year is based on: a. ___ semesters b. ___ trimesters c. ___ quarters

3a. Indicate below the SPECIFIC academic terms of funding. DO NOT INCLUDE PREFRESHMEN SUMMER PROGRAMS.

| TERM ELIGIBILITY USED | TERM ELIGIBILITY USED | TERM ELIGIBILITY USED | TERM ELIGIBILITY USED |
|-----------------------|-----------------------|-----------------------|-----------------------|
| SUMM 20__ | FALL 20__ | WINT 20__ | SPRG 20__ |
| SUMM 20__ | FALL 20__ | WINT 20__ | SPRG 20__ |
| SUMM 20__ | FALL 20__ | WINT 20__ | SPRG 20__ |
| SUMM 20__ | FALL 20__ | WINT 20__ | SPRG 20__ |

3b. This student used a total of _____ terms of opportunity program eligibility at the institution.

Program Director: _____

Signature: _____ Date: _____

PART II

The above named student met the academic criteria for opportunity program eligibility at the time of his/her matriculation. Documentation to that effect is on file.

Chief _____ Academic _____ Officer: _____

Signature: _____ Date: _____

PART III

The above named student met the economic criteria for opportunity program eligibility at the time of his/her matriculation. Documentation to that effect is on file.

Financial _____ Aid _____ Officer: _____

Signature: _____ Date: _____