

## GTOP CERTIFICATION OF PARTICIPATION ELIGIBILITY FORM

This form must be signed and certified by the EOP/HEOP/SEEK director at your undergraduate institution and then be returned to Patrick Romain, Office of Academic Support Services, ULB 94, University at Albany, 1400 Washington Avenue, Albany, NY 12222, before the applicant can be considered for GTOP support.

**THIS FORM NEEDS TO BE COMPLETED ONLY ONCE**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Gender: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
\_\_\_\_\_  
E-mail Address: \_\_\_\_\_

\*Ethnicity (Please check one):

- |  |  |
|--|--|
| <input type="checkbox"/> White, Non-Hispanic | <input type="checkbox"/> Asian or Pacific Islander         |
| <input type="checkbox"/> Black, Non-Hispanic | <input type="checkbox"/> American Indian or Native Alaskan |
| <input type="checkbox"/> Hispanic            | <input type="checkbox"/> Other                             |

\* This information is requested for recruitment and statistical purposes only. The University at Albany grants admission and financial aid based on the qualifications of the applicant without regard to sex, race, age, color, creed, national origin, disability, or marital status.

Degree being sought (Please check one):

- |                                 |                                 |                                 |                                 |                                  |                                 |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> M.A.   | <input type="checkbox"/> M.S.   | <input type="checkbox"/> M.B.A. | <input type="checkbox"/> M.F.A. | <input type="checkbox"/> M.P.A.  | <input type="checkbox"/> M.P.H. |
| <input type="checkbox"/> M.R.P. | <input type="checkbox"/> M.S.W. | <input type="checkbox"/> Ph.D.  | <input type="checkbox"/> Psy.D. | <input type="checkbox"/> Dr.P.H. |                                 |

Did you participate in EOP/SEEK/HEOP as an undergraduate?  YES  NO

If yes, what college or university did you attend? \_\_\_\_\_

### Approvals

\_\_\_\_\_  
EOP/HEOP/SEEK Director's Signature  
Signature attests to applicant's participation in  
institution's undergraduate EOP/HEOP/SEEK  
program

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Date

\_\_\_\_\_  
University at Albany Approval

\_\_\_\_\_  
Date

## Qualifications for the Graduate Tuition Opportunity Program (GTOP)

- Applicant must have graduated from a New York State private or public institution of higher education as an EOP, HEOP, or SEEK undergraduate. A Certificate of Participation must be completed and signed by the undergraduate institution's EOP/HEOP/SEEK director in verification of eligibility.
- Applicant must be a New York State resident.
- Applicant must be registered full-time in a graduate degree program. During the academic year, full-time registration equals 12 or more graduate credits per semester. For the summer session, full-time registration equals six or more graduate credits taken over the entire summer session.

Consistent with University Guidelines, GTOP recipients are restricted to a maximum of two years of support while pursuing the Master 's degree and no more than an additional two years of support beyond the Master 's for those continuing in doctoral study. Doctoral students who enter the University without advanced standing are limited to a total of four years of support. Doctoral students who enter the University with a Master 's or beyond are limited to three years of support.

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*Acceptance into the program is determined at the campus to which the student has applied and depends in part on the number of scholarships allocated to that campus.*

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