



UNIVERSITY AT ALBANY

State University of New York

Thank you for your interest in UAlbany's Educational Opportunity Program (EOP).

If your current college or university offers an opportunity program (i.e., College Discovery, EOP, HEOP or SEEK), you must have been admitted through that program in order to be eligible as an EOP transfer student at UAlbany. If your current college or university does not offer an opportunity program, you may still be eligible. This form and further financial documentation are required.

The Transfer Verification Form is required for ALL transfer students applying to EOP. It is completed and submitted by the college you are currently or have previously attended. If you have attended multiple colleges please provide this form to most recent school. Have the completed form mailed directly back to UAlbany at the address on the bottom of the form.

We suggest hand delivering or mailing this form directly to the office of the opportunity program you were a part of. Please be advised that no decision on your application can be made until we receive this information.



EOP TRANSFER VERIFICATION FORM

Name: _____
Last
First
MI

Date of Birth: _____

The student named above is currently a candidate for admissions to the Educational Opportunity Program at UAlbany. In order to transfer to our program, candidates must demonstrate participation in a similar program. Please provide the following information and return to UAlbany as soon as possible. Please be advised that no decision on this candidate's application can be made until we receive this information.

College Name: _____ College CEEB Code: _____

1. Please check the relevant option(s):

- The student named was admitted through regular admissions:
 Our college **does**/ **does not** participate in an opportunity program (i.e. EOP, HEOP, SEEK)
- The student named above was admitted through one of the following programs:
 College Discovery EOP HEOP SEEK
- Other (please explain): _____

2. Please list semesters of attendance: _____

3. Please indicate number of semesters of eligibility used at institutions prior to yours: _____

4. Is there any reason this student cannot return to this institution: _____

Program Director

Last Name
First Name
MI

Signature
Date

- The above named student met the financial guidelines for the Educational Opportunity Program at the time of entrance to the program. Documentation of eligibility is on file at this campus.

Financial Aid Officer

Last Name
First Name
MI

Title

Signature
Date

Return completed form to:
 Office of Undergraduate Admissions
 1400 Washington Avenue, Albany, NY 12222
 Phone: 518-442-5435, Fax: 518-442-5383
ugadmissions@albany.edu