

EDUCATIONAL OPPORTUNITY PROGRAM VERIFICATION

Name

Social Security Number

Previous College

Last Semester/Year Attended

The above named student has applied for admission to SUNY New Paltz through the Educational Opportunity Program. We would appreciate it if you would provide the following requested information:

1. This student was enrolled in:
- EOP COLLEGE DISCOVERY SEEK
- HEOP NON-EOP
- OTHER (Please Specify): _____

2. Is there any reason that this student would not be allowed to return to your institution?
- Yes No

Program Director (Please Print): _____

Signature: _____ Date: _____

- This student was determined economically eligible for the above program.
- Number of semesters in program: _____
- Eligibility used at other institution(s):
- Number of semesters: _____ Name of institution: _____
- Financial Aid Officer (Please Print): _____
- Signature: _____ Date: _____

This form must be returned before any decisions can be made. Mail all copies to:

Office of Undergraduate Admission
SUNY New Paltz
100 Hawk Drive
New Paltz, NY 12561-2499