

EDUCATIONAL OPPORTUNITY PROGRAM VERIFICATION

Name

Social Security Number

Previous College

Last Semester/Year Attended

The above named student has applied for admission to 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
State University of New York at New Paltz
100 Hawk Drive
New Paltz, NY 12561-2499