

This form must be completed by all colleges you attended after high school.

Educational Opportunity Program

TRANSFER VERIFICATION FORM

EDUCATIONAL OPPORTUNITY PROGRAM TRANSFER PROCESS

The student whose name appears on this form is applying for transfer admission to the State University of New York, Educational Opportunity Program. The ability to transfer within New York State Opportunity Programs (EOP, HEOP, SEEK/CD) is intended to facilitate the transition from lower division institutions to upper division institutions and to enable students to make necessary institutional transitions that arise from changes in educational or personal needs while maintaining a continuum of services. Though this option is intended primarily for students who began their college studies in an Opportunity Program, there are specific circumstances in which a student who is not in such a program may be accepted as a transfer. As a reminder, all students must meet the New York State residency requirements.

INSTRUCTIONS This form must be completed by all colleges you attended after high school.

This form must be completed by the Educational Opportunity Program director or a campus professional at the college from which the student is transferring. The person completing the form must be able to respond to questions regarding the student's academic and income eligibility, direct aid award distribution and overall participation in the program.

Once completed, the form should be sent to:

 Mail: Office of Undergraduate Admission SUNY New Paltz 100 Hawk Dr New Paltz. NY 12561

-or-

Email: admissions@newpaltz.edu

In order for the campus to render a timely admission decision to the student, it is important that all sections of the transfer verification form are completed. Please return the form to the originating campus within seven business days of receipt.

If you have questions or require assistance, please contact the campus to which the student is applying.

To facilitate the transfer admission process, it is important that all sections of the Transfer Verification Form are complete. If you have questions or require assistance in completing the form, please contact the campus to which the student is applying.

PAR	T 1. STUDENT INFORMATION								
Applio	cant is applying for: Fall Semester	Spring Semester	Academic Year						
Last N	Name	First Name		Middle Initial					
Stude	ent ID	College CEEB Code							
Will th	ne student earn an associate's degree prior t	o transferring Yes	No 🗌						
Plann	ed Academic Major								
Numb	er of Credits Earned								
Curre	nt Cumulative GPA								
The s	tudent is eligible for the Foster Youth College	e Success Initiative (FYC	SI) per the guidelines Ye	s No					
foster featur books more	The Foster Youth College Success Initiative is youth who are pursuing a college degree. While of the FYCSI is the financial aid component, supplies, housing, meals and transportation. information, you may contact the Educational	le some colleges may prov Eligible students receive F In order to participate, sto Opportunity Program at t	vide academic and personal FYCSI direct aid to offset co udents must provide docum he campus to which the stu	I support services, the principal bllege costs such as tuition, fees, entation to verify eligibility. For					
PAR	T II. ENROLLMENT VERIFICATION (I	PLEASE CHECK ON	Ξ)						
New	York State Colleges & Universities								
	The student was admitted to a New York State EOP, HEOP, or College Discovery/SEEK Program.								
	We do not have an EOP, HEOP, or CD/SEEK program, but the student was admitted through a college access program for economically and academically underprepared students								
	We have a New York State EOP, HEOP, or College Discovery/SEEK Program, but the student was not admitted due to ineligibility.								
	The student met the academic and financial criteria for opportunity program student eligibility, but was not admitted due to limited capacity.								
	We do not offer an opportunity program or a similar program, but the student would have met the criteria for academic and income eligibility. (Please contact the SUNY System Administration Office of Opportunity Programs to ascertain previous year income guidelines, if necessary)								
Colle	ges & Universities Outside of New York	State							
	The student was admitted into a program with the same mission as the New York State Educational Opportunity Program (e.g. ACT 101, EOF). Documentation is attached stating that the student was both financially and academically disadvantaged at the time of admission.								
	The student was enrolled in a course of study at a college which has traditionally served underrepresented and financially disadvantaged populations. Documentation is attached verifying that the student was both financially and academically disadvantaged at the time of admission.								

Complete t	this section only	if your campus h	nas a New York	State EOP, HEOP,	or CD/SEEK Program	
PART III. AC	ADEMIC BACI	KGROUND				
Date of Admissi	on to EOP:	Fall	Sprin	g	Summer	
The student was	s enrolled in:	EOP	HEOP	SEEK/CD		
Are you aware o	of any institutions	attended by the	student prior to	enrolling at your	institution? If so, please spe	acify.
The Educational support. In com award level. Ple	Opportunity Propleting this section	gram policy guid on, please identi ctual award amo	elines restrict th fy the terms the unts. Instead, si	ne number of semonstructions of semonstructions of semons received mply indicate the y	esters a student can receive EOP direct aid at your camp year of financial disburseme	e EOP financial ous regardless of
	Term	Term		Term	Term	
	Summer	Fall		Winter	Spring	
	Summer	Fall		Winter	Spring	
	Summer	Fall		Winter	Spring	
	Summer	Fall		Winter	Spring	
	Summer	Fall		Winter	Spring	
	Summer	Fall		Winter	Spring	
2. According to				id payments at th	e following SUNY Institution	ns:
	Institution Nam	e	Term			
					•	

PART V. STUDENT ENROLLMENT DATA Date of Admission: Fall _____ Spring ____ Summer _____ High School Average (at time of application) ____ Combined SAT Score _____ ACT Composite _____ Date of Attendance From _____ until _____ Month/Year _____ Total Household Income at the Time of Admission ______ Total Household Size at the Time of Admission ______ At the time of admission, the student met both the academic and economic criteria for Opportunity Programs eligibility. Documentation to that effect is on file. Program Director/Staff: ______ Department: ______ Name of College/University: _______ Work Phone ______ Email Address ______

Signature ____



Date: _____