

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 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.

PART 1. STUDENT INFORMATION

Applicant is applying for: Fall Semester Spring Semester Academic Year _____

Last Name _____ First Name _____ Middle Initial _____

Student ID _____ College CEEB Code _____

Will the student earn an associate's degree prior to transferring Yes No

Planned Academic Major _____

Number of Credits Earned _____

Current Cumulative GPA _____

The student is eligible for the Foster Youth College Success Initiative (FYCSI) per the guidelines Yes No

Note: The Foster Youth College Success Initiative is a New York State legislated program designed to alleviate the financial burden of foster youth who are pursuing a college degree. While some colleges may provide academic and personal support services, the principal feature of the FYCSI is the financial aid component. Eligible students receive FYCSI direct aid to offset college costs such as tuition, fees, books, supplies, housing, meals and transportation. In order to participate, students must provide documentation to verify eligibility. For more information, you may contact the Educational Opportunity Program at the campus to which the student is applying.

PART II. ENROLLMENT VERIFICATION (PLEASE CHECK ONE)

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)**

Colleges & 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 this section only if your campus has a New York State EOP, HEOP, or CD/SEEK Program

PART III. ACADEMIC BACKGROUND

Date of Admission to EOP: Fall _____ Spring _____ Summer _____

The student was enrolled in: EOP HEOP SEEK/CD

Are you aware of any institutions attended by the student prior to enrolling at your institution? If so, please specify:

PART IV. SEMESTERS OF ELIGIBILITY (TO BE COMPLETED ONLY BY SUNY CAMPUSES WITH EOP)

The Educational Opportunity Program policy guidelines restrict the number of semesters a student can receive EOP financial support. In completing this section, please identify the terms the student received EOP direct aid at your campus regardless of award level. Please do not list actual award amounts. Instead, simply indicate the year of financial disbursement. ***(Please do not include any payments in connection with the pre-freshman summer program)***

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 our records, the student has also receive direct aid payments at the following SUNY Institutions:

Institution Name	Term

The student used a total of _____ terms of SUNY EOP direct aid funding.

