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 the Educational Opportunity Program director at the campus the student is transferring to. 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.

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1 New York Residency is defined by the following: (1) Have resided in New York State for twelve months prior to their day of registration in college, or (2) Reside in New York State at the time of application and lived in New York State for the last two terms of high school; or (3) Were residents of New York when they entered military service, Vista or the Peace Corps and re-established New York State residence within six months after completing their term of service.

2 Because the economic guidelines change annually, you will need to consult with the EOP administrator to confirm that the student met the economic criteria at the initial point of college entry. This does not apply to campuses with an EOP, HEOP, or College Discovery/SEEK Program.
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.
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:

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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)

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

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The student used a total of ________ terms of SUNY EOP direct aid funding.
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: __________

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 Month/Year

Total Household Income at the Time of Admission ________________________________

Total Household Size at the Time of Admission ________________________________

Complete this section only if your campus DOES NOT have a New York State EOP, HEOP, or CD/SEEK Program.