



EOP TRANSFER VERIFICATION FORM

Note to Student:

The Educational Opportunity Program offers assistance to students who are deemed academically and financially disadvantaged, and who are qualified as such at the time they first enter college. It is not simply a financial aid program. If you are not familiar with this program, please refer to the SUNY Plattsburgh Undergraduate Catalog or the SUNY Application Viewbook , or you may call Plattsburgh's Admissions Office toll free at (888) 673-0012.

Name of First College Attended: _____

Student Name: _____

SOCIAL SECURITY NUMBER: _____ / _____ / _____

The following information is requested by Plattsburgh. I request that you complete this form, and I authorize you to release the information. _____

Student's signature

Total semesters enrolled in an EOP Program: _____

Note to College Officials:

This student has applied for transfer to Plattsburgh under the Educational Opportunity Program (EOP). Please check the most appropriate statement below as it applies to this student. **This applicant's admission to EOP at Plattsburgh is contingent upon our receipt of these completed forms.**

Choose either option 1 OR 2 below:

Option 1

_____ YES, the student was enrolled in our EOP, HEOP, SEEK, or College Discovery Program and verification of the student's academic and economic eligibility is on file at this campus.

_____ NO, the student was NOT enrolled in our EOP or EOP-type program.

Program Director (please print): _____
SIGNATURE: _____ DATE: _____

Option 2

_____ This institution **does not** offer an EOP-type program, but the student would have been eligible if such a program existed here. Verification of the student's academic and economic eligibility is attached (New York State Community Colleges: Student must have been eligible to receive benefits under Full Opportunity Provision funding).

IMPORTANT: Both of the requested signatures must be present to verify eligibility.

_____ Our college is not able to verify EOP eligibility for this student (NOTE: Only one signature required for this response).

Chief Financial Aid Officer (please print): _____
SIGNATURE: _____ DATE: _____

Chief Admissions Officer (please print): _____
SIGNATURE: _____ DATE: _____

PLEASE MAIL OR FAX THIS FORM TO: Admissions, Plattsburgh State, 101 Broad Street, Plattsburgh, NY 12901

FOR OFFICE USE ONLY:

College 1: _____ Semesters in EOP _____ College 3: _____ Semesters in EOP _____
College 2: _____ Semesters in EOP _____ TOTAL SEMESTERS of EOP = _____