

## Educational Opportunity Program

# HEALTH SCIENCES TRANSFER EOP APPLICANT TRANSFER VERIFICATION FORM

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### 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 emailed to Kelly Bollhofer, the EOP Transfer Coordinator in the Office of Undergraduate Admissions at [kelly.bollhofer@stonybrook.edu](mailto:kelly.bollhofer@stonybrook.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 and submitted no later than March 1st. If you have questions or require assistance, please contact the Health Science Center or Kelly Bollhofer at the email address above.

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

<sup>1</sup> 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.

<sup>2</sup> 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.

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.

