

# SUNY CORTLAND EDUCATIONAL OPPORTUNITY PROGRAM TRANSFER VERIFICATION FORM

(Applicant name) \_\_\_\_\_ (Date of birth: \_\_\_\_\_) has applied to SUNY Cortland as a transfer student. Opportunity Program guidelines require that we verify the applicant's status at your institution. Please complete this form (including all requested signatures) and return it to: **SUNY Cortland, Admissions Office**  
P.O. Box 2000, Cortland, NY 13045

YOUR INSTITUTION'S NAME: \_\_\_\_\_

(must be completed by the first college the student attended.)

Please check one (1) of the following:

## FOR NEW YORK STATE COLLEGES AND UNIVERSITIES ONLY

- The above-named student was in our EOP / HEOP / SEEK / CD program. The student used the following semesters of eligibility (e.g., fall 2019; spring 2020, etc.):  
\_\_\_\_\_
- The above-named student was admitted to our college under the Full Opportunity Provision (FOP). Documentation of economic and educational eligibility is attached.
- The above-named applicant was evaluated upon entry to our institution and deemed **ineligible** for EOP / HEOP / SEEK / CD / FOP.

## FOR COLLEGES AND UNIVERSITIES OUTSIDE OF NEW YORK STATE

- The above-named student was found eligible for an EOP-type program, e.g., ACT 101, EOP, EOF, SSDS, etc. Documentation of the above-named student's participation is attached.
- The student was enrolled in a course of study at a college which has traditionally served under-prepared students. Documentation of the fact that the student was academically under-prepared and financially disadvantaged at the time of admission is attached.
- The above-named applicant was evaluated upon entry to our institution and deemed **ineligible** for an EOP type program as listed above.

*Transfer Verification Forms for applicants from schools with EOP / HEOP / SEEK / CD programs must have all three signatures requested below. All others require verification by both the chief academic officer and the chief financial aid officer. Students **ineligible** for the program require one signature.*

CHIEF ACADEMIC OFFICER

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

CHIEF FINANCIAL AID OFFICER

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

EOP / HEOP / SEEK / CD DIRECTOR

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_