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: __________________________