



SUNY College of Technology

10 Upper College Drive
Alfred, New York 14802

Admissions Office
1-800-4-ALFRED
Ph: (607) 587-4215
FAX: (607) 587-4299

EOP TRANSFER APPLICANT VERIFICATION FORM

The following student has applied to Alfred State as a transfer student through the Educational Opportunity Program and has previously attended your college. Please assist us in verifying his/her eligibility. Thank you.

Student Name _____

Date of Birth _____

Name of College _____

Please check one of the following:

_____ 1. This student met the academic and economic criteria for opportunity program eligibility and was admitted/enrolled in our:

- A. () Educational Opportunity Program () SEEK Program
- () Higher Educational Opportunity Program () Full Opportunity Program

B. He/she was funded for _____ semester(s) during the period _____ to _____ .

_____ 2. This student was determined fully eligible (both academically and financially) but was **not** enrolled due to space limitations.

_____ 3. This student did **not** participate in any program for academically and financially disadvantaged students at this college.

_____ 4. This institution does **not** participate in any program for academically and financially disadvantaged students.

_____ 5. This student was evaluated upon entry to our institution and deemed **ineligible** for any EOP or EOP-type program.

Name of person completing this form _____
(Please Print)

Signature _____

Title _____

Phone _____ FAX# _____

Date _____

This form is to be completed by an official of the college. It should be mailed directly from the College to:

Alfred State
Office of Admissions
10 Upper College Drive
Alfred, NY 14802