

ULSTER COUNTY COMMUNITY COLLEGE
Financial Aid Office
Stone Ridge, New York 12484

EOP TRANSFER APPLICATION

To: _____ Date: _____

Student: _____

Social Security Number: _____

The above named student has applied for transfer to the opportunity program at: _____

Please complete the information below and return this form to: _____

1a. _____ The student has never been enrolled in the opportunity program at: _____

1b. _____ The student was admitted to _____ in the _____ HEOP _____ EOP
 _____ SEEK _____ College Discovery _____ Other, please explain _____

2. This institution's academic year is based on _____ semesters _____ trimesters _____ quarters

3a. Indicate below the SPECIFIC academic terms of funding.

***DO NOT INCLUDE PRE-FRESHMAN SUMMER PROGRAMS**

Please indicate FT for full-time or the numbers of credits/credit equivalents used if part-time. (E.g., Summer 1999—Fall 1999 – 6 credits, Winter 2000—n/a, Spring 2000—FT)							
Term	Eligibility Used	Term	Eligibility Used	Term	Eligibility Used	Term	Eligibility Used
Summer _____		Fall _____		Winter _____		Spring _____	
Summer _____		Fall _____		Winter _____		Spring _____	
Summer _____		Fall _____		Winter _____		Spring _____	
Summer _____		Fall _____		Winter _____		Spring _____	
Summer _____		Fall _____		Winter _____		Spring _____	

3b. This student used a total of _____ terms of opportunity program eligibility at this institution.

4. According to our records, the student has also used eligibility at the following institutions of higher education:

_____ (#)	Semesters/Quarters/Trimesters at _____
_____ (#)	Semesters/Quarters/Trimesters at _____

(cont'd)

At the time of the student's entrance he/she met both the academic and economic criteria for opportunity program eligibility. Documentation to that effect is on file.

Project Director: _____

Signature: _____ Date: _____

Or other campus officer responsible for formulating academic standards at the institution, such as, the Provost or the Vice-President for Academic Affairs.

Financial Aid Officer: _____

Signature: _____ Date: _____