



Higher Educational Opportunity Program

TRANSFER STUDENT CERTIFICATION FORM

Instructions:

This certification of Transfer Student Eligibility is to be completed by the student’s current institution’s Higher Education Opportunity Program Director and submitted to the institution to which the student is transferring. A copy of this form should be retained on file by the student’s current institution.

The ability to transfer within New York State Opportunity Programs (EOP, HEOP, CD, & SEEK) is intended to enable students to make necessary institutional transitions that arise from changes in educational or personal needs while maintaining a continuum of services.

The primary objective of the Arthur O. Eve Higher Education Opportunity Program (HEOP) is to help provide a broad range of services to New York State residents who, because of academic and economic circumstances, would otherwise be unable to attend a postsecondary educational institution. Each HEOP institution must ensure that HEOP students are provided with sufficient academic support services, tuition assistance, supplemental financial assistance, and full need packaging to enable them to successfully complete the institutional components required for graduation.

This section is to be completed by the campus from which the student wishes to transfer. It is intended to aid the institution to which the student is transferring to in identifying the student accurately.

Student Information		
_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	
SSN# (last four digits only)	Last Date of Attendance	

Student is applying for:

Fall Semester Spring Semester Academic Year

We hereby certify that

has enrolled in

from

to

and has met both the academic and economic

HEOP eligibility requirements upon admission.



This student has used a total of _____ semesters of HEOP eligibility at this institution.

According to our records, the student has also used _____ eligible semesters of opportunity at the following colleges/universities:

Institution Name	Start & End Dates
_____	_____
_____	_____
_____	_____
_____	_____

Supporting documentation is on file at this institution for this student and we understand that the documentation is subject to an audit by New York State.

Program Director: _____

Institution: _____

Signature:

Phone: _____

FAX: _____

Email: _____

Date: _____

Please send this form to:

Name _____

Campus Address _____

Phone _____

*Please attach unofficial transcript and, where applicable, a copy of the transfer request form from the original admitting institution.