

# State University of New York at Fredonia

## Educational Development Program

### Transfer Verification Form

---

(Please Print Clearly)

Name \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

has applied to SUNY Fredonia as a transfer student. 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 Fredonia  
Office of Admissions  
178 Central Avenue  
Fredonia, New York 14063

Please check **ONE** of the following:

#### For New York State Colleges and Universities ONLY

<input type="checkbox"/> The above named student was in our EOP/HEOP/SEEK/College Discovery program. The student used the following semesters of eligibility (e. g. Fall 2001, Spring 2002, etc.): _____
<input type="checkbox"/> This above named student was admitted to our college under the Full Opportunity Program (FOP). Documentation of economic and educational eligibility is attached.

#### For Colleges and Universities OUTSIDE of New York State

<input type="checkbox"/> The above named student was found eligible for an EOP type program (e.g. ACT 101, EOF, etc.). Documentation of the above named student's participation is attached.
<input type="checkbox"/> This student was enrolled in a course of study at a college, which has traditionally served under prepared students. Documentation of the fact the student was academically under prepared and financially disadvantaged at the time of admission is attached.
<input type="checkbox"/> The above named applicant was evaluated upon entry to our institution and deemed ineligible for EOP/HEOP/SEEK/CD.

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.

Chief Academic Office _____ name _____ title _____ signature	Chief Financial Aid Office _____ name _____ title _____ signature	EOP/HEOP/SEEK/CD Director _____ name _____ title _____ signature
--	---	--

\_\_\_\_\_  
Name of college or university