



Transfer Verification Form

Educational Development Program

Name _____ Date of Birth (dd/mm/yy) ____/____/____
has applied to **The State University of New York at 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:

Office of Admissions, Maytum Hall 280 Central Avenue
State University of New York at Fredonia Fredonia, NY 14063

Please check **ONE** of the following:

⇒ ⇒ ⇒ **For New York State Colleges and Universities ONLY**

1. ____ The above named student was evaluated upon entry to our institution and deemed **ineligible** for EOP/HEOP/SEEK/CD and admitted through regular admission.

2. ____ The above named student was in our **EOP** ____ **HEOP** ____ **SEEK** ____ **College Discovery** ____ **Other (please explain):** _____

The student used ____ semester of eligibility. Please list semesters of attendance:

⇒ ⇒ ⇒ **For Colleges and Universities OUTSIDE of New York State.**

1. ____ 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**.

2. ____ 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 underprepared and financially disadvantaged at the time of admission is **attached**.

The above named student met the criteria for opportunity program eligibility at the time of his/her matriculation. Documentation to that effect is on file.

Program Director

(please print) _____

Signature _____

Date _____

Name of Institution

Financial Aid Officer

(please print) _____

Title _____

Signature _____

Date _____

PLEASE RETURN TO THE ABOVE ADDRESS. THANK YOU.