

## STUDENT TRANSFER FORM

**EOF Student:** please complete this section. An incomplete form will delay the processing of your transfer admissions.

STUDENT NAME		DATE OF BIRTH		<input type="checkbox"/> HOME
				<input type="checkbox"/> MOBILE
				<input type="checkbox"/> OTHER
STUDENT PERMANENT ADDRESS			STUDENT PHONE NUMBER	
CITY		STATE	ZIP	
HESAA ID#	STUDENT EMAIL		PERSONAL EMAIL	

**NOTE:** The remainder of this form *must be completed by an EOF campus program staff/professional* from the institution/program that you are transferring from.

Transferring FROM (institution/program): \_\_\_\_\_

Transferring TO (institution/program): \_\_\_\_\_

Has the student <u>applied</u> to the transfer institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has the student been <u>accepted by/admitted to the</u> transfer institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending
Has the student participated in an opportunity program? ( <i>Select all that apply</i> )	<input type="checkbox"/> College Bound	<input type="checkbox"/> GEAR UP	<input type="checkbox"/> TRiO

Select the Fall/Spring 20____ funding status of the EOF student:	<input type="checkbox"/> Funded	<input type="checkbox"/> Non-Funded
Was the student admitted as <i>funded</i> or <i>non-funded</i> ?	<input type="checkbox"/> Funded	<input type="checkbox"/> Non-Funded
Number of semesters the student has received the EOF state grant: _____	_____ Full-Time	_____ Part-Time

Date the Associate's degree (or academic certificate) awarded, if applicable: \_\_\_\_\_

Sending College Major:  Expected Transfer Major:  Cumulative GPA:	Sending College Initial Entry Date (MM/YYYY):  Anticipated Transfer Date: <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____
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**ADDITIONAL COMMENTS:**

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*By signing below, you are verifying that the student identified within this application has met all the eligibility requirements for participation within EOF at your institution.*

**EOF Staff/Professional:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_