

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</u> the 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 <i>as funded or 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:	Sending College Initial Entry Date (MM/YYYY):
Expected Transfer Major:	Anticipated Transfer Date:
Cumulative GPA:	<input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____

ADDITIONAL COMMENTS:

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: _____

Date: _____