

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 applied to the transfer institution?

Yes No

Has the student been accepted by/admitted to the transfer institution?

Yes No Pending

Has the student participated in an opportunity program? *(Select all that apply)*

College Bound GEAR UP TRiO

Select the Fall/Spring 20____ funding status of the EOF student:

Funded Non-Funded

Was the student admitted *as funded or non-funded*?

Funded 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:

Fall 20____ 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: _____