STUDENT TRANSFER FORM

EOF Student: please complete this section. <u>An incomplete form will delay the processing of your transfer admissions.</u>

_____   _____
STUDENT NAME   **DATE OF BIRTH**

❑ **HOME**
❑ **MOBILE**
_____   _____   ❑ **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 <u>EOF campus program staff/ professional</u>_ 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?	❑ **Yes**		❑ **No**	
Has the student been <u>accepted by</u>/<u>admitted to</u> 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:	