

SPECIAL PROGRAMS TRANSFER REQUEST FORM

Original College Attended: _____ SEEK _____ CD _____ HEOP/EOP _____

Current College _____ SEEK _____ CD _____ HEOP/EOP _____

Student's Name: _____
Last Middle First

Address: _____

SS#: _____ Telephone # _____

Requesting Transfer To: _____ For: Fall () 20 _____ Spring () 20 _____

COUNSELOR'S STATEMENT

Is student currently enrolled: Yes () No () Last semester attended _____

Number of semesters of Special Programs completed as of transfer _____ Summer semesters _____

Current GPA _____ () Student has/will receive Associates Degree

Counselor's recommendation: _____

Signature of Counselor _____ Date _____

ACADEMIC ELIGIBILITY

The above student met the academic criteria for opportunity program eligibility at the time of he/she entered this college. This documentation is on file.

Admissions Office's Signature _____ Title _____ Date _____

ECONOMIC ELIGIBILITY

() The above student met the entering economic criteria for opportunity program eligibility at the time of he/she entered this college. This documentation is on file. () This is not student's original college.

Financial Aid Office's Signature _____ Title _____ Date _____

DIRECTOR'S ENDORSEMENT

I concur with the request of the above student and recommend the transfer.

Director's Signature _____ Title _____ Date _____