

Higher Education Opportunity Program **TRANSFER STUDENT CERTIFICATION FORM**

Instructions:

This certification of Transfer Student Eligibility is to be completed by the HEOP/EOP/SEEK/CD Director at the student's current institution; a copy of this form shall be retained on file by both institutions.

HEOP student loans are currently limited to \$24,000 for commuter students and to \$30,000 for resident students (\$36,000 for resident HEOP students in NYC). HEOP students must be informed that there may be no loan limit for students who transfer from HEOP to other NYS-sponsored opportunity programs such as SEEK/CD and EOP.

Student Information		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
<i>SSN#</i>	<i>Last Date of Attendance</i>	

Student is applying for:

Fall Semester Spring Semester Academic Year: _____

Eligible for the Foster Youth Care Initiative? Yes No

Indicate the specific terms of participation, omitting enrollment in any pre-freshman activities. Please indicate **FT** for full-time or **PT** for part-time. If the student enrolled in less than twelve credit hours, indicate the number of credit hours.

Term	FT/PT	Term	FT/PT	Term	FT/PT	Term	FT/PT
Summer		Fall		Winter		Spring	
Summer		Fall		Winter		Spring	
Summer		Fall		Winter		Spring	
Summer		Fall		Winter		Spring	
Summer		Fall		Winter		Spring	

We hereby certify that _____
(Student's Name)

has been enrolled in _____
(Current Institution)

from _____ to _____ and has met the academic and economic eligibility requirements for the respective opportunity program upon admission.
(Start Date) *(End Date)*

This student has used a total of _____ semesters of HEOP/EOP/SEEK/CD eligibility at the current institution.
(Number of Semesters Used)

According to our records, the student has also used a total of _____ semesters
(Number of Semesters Used)

of eligibility at the following colleges/universities:

Institution Name	Start Date	End Date

Supporting documentation is on file at this institution for this student and we understand that the documentation is subject to an audit by New York State.

Program Director Name (printed): _____

Institution: _____

Signature: _____ Date: _____

Phone: _____ Fax: _____ Email: _____

Please send this form to:

**Denise Polanco
 Director**

**Office of Access, Opportunity & Achievement
 Ithaca College, Peggy Ryan Williams (PRW) 072
 953 Danby Rd. Ithaca, NY, 14850**

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