



Higher Education Opportunity Program

TRANSFER STUDENT CERTIFICATION FORM

Instructions:

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

Non-HEOP transfer students must be informed that there are loan limits in HEOP and that their loans will be pro-rated at the rate of \$2,000 per semester for commuters and \$2,500 per semester for residents at the HEOP school they transfer to.

Student Information		
_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	
SSN#	Last Date of Attendance	

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 six credits hours, indicate the number of credits.

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	_____
Summer	_____	Fall	_____	Winter	_____	Spring	_____



We hereby certify that _____ (Student's Name) _____ has been enrolled in _____ (Current Institution) _____
 from _____ (Start Date) _____ to _____ (End Date) _____ and has met the academic and economic eligibility requirements
 for the respective opportunity program upon admission. This student has used a total of _____ (Number
of Semesters Used) _____ semesters of HEOP eligibility at this institution.

According to our records, the student has also used _____ (Number of Semesters Used) _____ semesters of eligibility
 at the following colleges/universities:

Institution Name	Start & End Dates
_____	_____
_____	_____
_____	_____
_____	_____

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:

Name: _____

Campus Address: _____

Phone: _____

FAX: _____