

## CUNY SPECIAL PROGRAMS TRANSFER REQUEST FORM

Student's Name \_\_\_\_\_  
Last
First
Middle

Address \_\_\_\_\_

Tel: \_\_\_\_\_ SS# \_\_\_\_\_  
Home
Cell

*(Sections below are to filled out by college/program officials)*

Current College \_\_\_\_\_ SEEK  CD  HEOP/EOP

Original College (if different) \_\_\_\_\_ SEEK  CD  HEOP/EOP

Requesting Transfer to \_\_\_\_\_ SEEK  CD  HEOP/EOP

For Term: Fall 20\_\_  Spring 20\_\_  Currently enrolled? Yes  No  Last Semester Attended \_\_\_\_\_

Number of Semesters of Opportunity Programs completed as of transfer \_\_\_\_\_ Current CUM GPA \_\_\_\_\_

### COUNSELOR'S STATEMENT

Student has/will receive Associates Degree: Yes  No  N/A

Reason Student is requesting transfer:

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Counselor's Signature \_\_\_\_\_

Date \_\_\_\_\_

### ACADEMIC ELIGIBILITY

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

This is not the student's original college.

Admissions Officer's Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

### ECONOMIC ELIGIBILITY

The above student met the entering freshman economic criteria for the opportunity eligibility at the time he/she entered this college. This documentation is on file.

This is not the student's original college.

Financial Aid Officer's Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

### DIRECTOR'S RECOMMENDATION

Student is no longer eligible for SEEK/College Discovery program services.

Student is eligible for opportunity program transfer and I recommend approval of the transfer request.

Student is eligible for opportunity program transfer and I DO NOT recommend approval of the transfer request for the following reason(s):

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Director's Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

\* Please attach unofficial transcript and, where applicable, a copy of the transfer request form from the original admitting institution.\*