

# STUDENT TRANSFER FORM

**EOF Student:** please complete this section. An incomplete form will delay the processing of your transfer admissions.

STUDENT NAME		DATE OF BIRTH	<input type="checkbox"/> HOME
			<input type="checkbox"/> MOBILE
			<input type="checkbox"/> 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 EOF campus program staff/professional* from the institution/program that you are transferring from.

Transferring FROM (institution/program): \_\_\_\_\_

Transferring TO (institution/program): \_\_\_\_\_

Has the student applied to the transfer institution?

Yes  No

Has the student been accepted by/admitted to 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:**

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*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:** \_\_\_\_\_