



EOPS Transfer Student Eligibility Verification Form

Note: Completing this form does not guarantee acceptance into EOPS.

TO BE COMPLETED BY THE STUDENT

I authorize the release of the following information to the college I wish to attend, _____
College, regarding my history with Extended Opportunity Programs and Services (EOPS).

NAME

ID #

SIGNATURE

DATE

TO BE COMPLETED BY THE CURRENT EOPS OFFICE STAFF

Cumulative Degree Applicable Units Completed: _____ Current Degree Applicable Units in Progress: _____

Educationally Disadvantaged Criteria:

____ Not a High School Graduate or No GED

____ High School GPA Below 2.5

____ Not Qualified for Minimum English or Math

____ Previously in Remedial Education

____ Other: _____

California College Promise Grant Eligibility: ____ "A" ____ "B" ____ "C" (zero EFC)

CARE Eligibility: _____ CAFYES Eligibility: _____ High Unit Major: _____

Term of Acceptance in EOPS: _____

Is the student in compliance with their EOPS Mutual Responsibility Contract? ____ YES ____ NO

Comments: _____

EOPS Director / Designee:

Name

College

Signature

Date

Email Address

Phone Number