

CUNY Special Programs Transfer Request (SPTR)

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INSTRUCTIONS

This form is to be completed by the college/program officials only after the student has submitted a **Transfer Application**. Only one form needs to be filled out for each student even if they are applying to multiple colleges. Please include the student's Application Control Number ("W" Number) from the on-line application and mail the completed form to General Transfer Admission - CUNY/UAPC, P.O. Box 359023, Brooklyn, NY 11235-9023. **Be sure to also send (fax or email) a copy to the campus(es).**

Transfer Applications Deadline: February 1 (Fall Admission); September 15 (Spring Admission); Special Programs Priority Deadline: April 1 (Fall); November 15 (Spring).

| irst Name | | | | | | | |
|--|---|--|-----------------------|------------------|----------|--|--|
| State | W | | | | | | |
| Counter College CD | First Name | Middle Name | Last Name | | | | |
| Counter College CD | Address | | | | | | |
| Mail Address SEEK | | | | Zip Coo | de 🔲 📗 📗 | | |
| Director's Name (Print) Email: Current CUM GPA: at original college (if any): Email: Phone no: Date Student is eligible for opportunity program transfer and I recommend approval of the transfer request for the following reason(s): Student is eligible for opportunity program transfer, but I DO NOT recommend approval of the transfer request for the following reason(s): | Phone Number(s) Home | Mobile | EMPL ID # | | | | |
| SEEK CD HEOP/EOP | Email Address | | | | | | |
| SEEK CD HEOP/EOP | Current College | | SEEK | CD | HEOP/EOP | | |
| SEEK CD HEOP/EOP COUNSELOR'S STATEMENT Student has/will receive Associates Degree: Yes No N/A Reason Student is requesting transfer: For Term: Fall 20 Spring 20 Currently enrolled? Yes No Last Semester Attended Number of Semesters of Opportunity Programs completed at current college as of transfer: Current CUM GPA: at original college (if any): Email: Signature: Phone no: Date FINANCIAL AID STATUS Please indicate the number of semesters this student has received opportunity program financial aid: Comments Financial Aid Officer's Name (Print) Signature: Director's Recommendation Student is eligible for opportunity program transfer and I recommend approval of the transfer request for the following reason(s): We do not offer an opportunity program transfer, but I DO NOT recommend approval of the transfer request for the following reason(s): | Original College (if different, attach copy of S | SPTR) | SEEK | CD | HEOP/EOP | | |
| COUNSELOR'S STATEMENT Student has/will receive Associates Degree: Yes No N/A | Requesting Transfer to | | SEEK | CD | HEOP/EOP | | |
| COUNSELOR'S STATEMENT Student has/will receive Associates Degree: Yes No N/A Reason Student is requesting transfer: For Term: Fall 20 Spring 20 Currently enrolled? Yes No Last Semester Attended Number of Semesters of Opportunity Programs completed at current college as of transfer: Counselor's Name (Print) Email: Signature: Phone no: Date FINANCIAL AID STATUS Please indicate the number of semesters this student has received opportunity program financial aid: Comments Financial Aid Officer's Name (Print) Signature Date DIRECTOR'S RECOMMENDATION Student is eligible for opportunity program transfer and I recommend approval of the transfer request. Student is no longer eligible for SEEK/College Discovery program services Student is eligible for opportunity program transfer, but I DO NOT recommend approval of the transfer request for the following reason(s): | | | SEEK | CD | HEOP/EOP | | |
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| Reason Student is requesting transfer: For Term: Fall 20 Spring 20 Currently enrolled? Yes No Last Semester Attended | | COUNSELOR'S ST | TATEMENT | | | | |
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| Comments | | | | | | | |
| Signature | Please indicate the number of semesters t | this student has received opportunity pro | ogram financial aid: | | | | |
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| | Director's Name (Print) | Signature | gnature Date | | | | |

Revised Jan 2018

