

# SPECIAL PROGRAMS TRANSFER REQUEST FORM

**Original College Attended** \_\_\_\_\_ **SEEK** \_\_\_\_ **CD** \_\_\_\_ **HEOP/EOP** \_\_\_\_

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

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

**Address** \_\_\_\_\_

SS# \_\_\_\_\_ Telephone # \_\_\_\_\_

**Requesting Transfer To:** \_\_\_\_\_ **For: Fall ( ) 200\_ Spring ( )**  
**200\_**

## COUNSELOR'S STATEMENT

**Is student currently enrolled?**    Yes ( ) No ( )    **Last Semester attended** \_\_\_\_\_

**Number of semesters of Special Programs completed as of transfer** \_\_\_\_\_

**Summer Semesters \_\_\_\_Current GPA\_\_\_\_() Student has/will receive Associates Degree**

**Counselor's recommendation:** \_\_\_\_\_

*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 this college. This documentation is on file.**

*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 student's original college.**

*Financial Aid Officer's Signature*

*Title*

Date \_\_\_\_\_

## DIRECTOR'S ENDORSEMENT

**I concur with the request of the above student and recommend the transfer.**

*Director's Officer's Signature*

*Title*

Date \_\_\_\_\_