



# Higher Education Opportunity Program

## TRANSFER STUDENT CERTIFICATION FORM

**Instructions:**

This certification of Transfer Student Eligibility is to be completed by the HEOP Director at the student's current institution; a copy of this form shall be retained on file by both institutions.

*HEOP student loans are currently limited to \$20,000 for commuter students and to \$25,000 for resident students, HEOP students must be informed that there may be no loan limit for students who transfer to other NYS-sponsored opportunity programs such as SEEK/CD and EOP.*

Student Information			
_____	_____	_____	
Last Name	First Name	Middle Name	
_____	_____		
SSN#	Last Date of Attendance		

Student is applying for:

Fall Semester  Spring Semester  Academic Year \_\_\_\_\_

Eligible for the Foster Youth Care Initiative? Yes  No

Indicate the specific terms of participation, omitting enrollment in any pre-freshman activities. Please indicate **FT** for full-time or **PT** for part-time. If the student enrolled in less than six credits hours, indicate the number of credits.

Term	FT/PT	Term	FT/PT	Term	FT/PT	Term	FT/PT
Summer	_____	Fall	_____	Winter	_____	Spring	_____
Summer	_____	Fall	_____	Winter	_____	Spring	_____
Summer	_____	Fall	_____	Winter	_____	Spring	_____
Summer	_____	Fall	_____	Winter	_____	Spring	_____
Summer	_____	Fall	_____	Winter	_____	Spring	_____
Summer	_____	Fall	_____	Winter	_____	Spring	_____



We hereby certify that \_\_\_\_\_ (Student's Name) \_\_\_\_\_ has been enrolled in \_\_\_\_\_ (Current Institution) \_\_\_\_\_

from \_\_\_\_\_ (Start Date) \_\_\_\_\_ to \_\_\_\_\_ (End Date) \_\_\_\_\_ and has met the academic and economic eligibility requirements

for the respective opportunity program upon admission. This student has used a total of \_\_\_\_\_ (Number

of Semesters Used) semesters of HEOP eligibility at this institution.

According to our records, the student has also used \_\_\_\_\_ (Number of Semesters Used) \_\_\_\_\_ semesters of eligibility at the following colleges/universities:

**Institution Name**

**Start & End Dates**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supporting documentation is on file at this institution for this student and we understand that the documentation is subject to an audit by New York State.

**Program Director Name Printed:** \_\_\_\_\_

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

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

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

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

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

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

*Please send this form to:*

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

**Campus Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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