

CUNY Special Programs Transfer Request Form

» INSTRUCTIONS

This form is to be completed by the college/program officials. 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**

W

First Name _____ Middle Name _____ Last Name _____

Address _____

City, State _____ Zip Code

Phone Number(s) _____ SS# _____
Home Mobile (Last four digits ONLY)

Current College _____ SEEK CD HEOP/EOP

Original College (if different) _____ SEEK CD HEOP/EOP

Requesting Transfer to _____ SEEK CD HEOP/EOP

_____ SEEK CD HEOP/EOP

_____ SEEK CD HEOP/EOP

_____ SEEK CD HEOP/EOP

For Term: Fall 20 Spring 20 Currently enrolled? Yes No Last Semester Attended _____

Number of Semester of Opportunity Programs completed as of transfer _____ Current CUM GPA _____

COUNSELOR'S STATEMENT

Student has/will receive Associates Degree: Yes No N/A

Reason Student is requesting transfer: _____

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 the college.

This documentation is on file. This is not the student's original college.

Admissions Officer's Signature _____ Title _____ Date _____

ECONOMIC ELIGIBILITY

The above student met the entering freshman economic criteria for opportunity program eligibility at the time he/she entered the college.

This documentation is on file. This is not the student's original college.

Financial Aid Officer's Signature _____ Title _____ Date _____

DIRECTOR'S RECOMMENDATION

Student is no longer eligible for SEEK/College Discovery program services.

Student is eligible for opportunity program transfer and I recommend approval of the transfer request.

Student is eligible for opportunity program transfer and I DO NOT recommend approval of the transfer request for the following reason(s):

Director's Signature _____ Title _____ Date _____