



## STUDENT TRANSFER FORM

**EOF Student:** please complete this section. An incomplete form will delay the processing of your transfer admissions.

|                           |               |  |  |
|---------------------------|---------------|--|--|
| STUDENT NAME              |               | DATE OF BIRTH  |  |
|                           |               | <input type="checkbox"/> HOME<br><input type="checkbox"/> MOBILE<br><input type="checkbox"/> OTHER |  |
| STUDENT PERMANENT ADDRESS |               | STUDENT PHONE NUMBER   |  |
|                           |               |  |  |
| CITY                      | STATE         | ZIP  |  |
|                           |               |  |  |
| HESAA ID#                 | STUDENT EMAIL | PERSONAL EMAIL   |  |
|                           |               |  |  |

**NOTE:** The remainder of this form *must be completed by an EOF campus program staff/ professional* from the institution/program that you are transferring from.

Transferring FROM (institution/program):

Transferring TO (institution/program):

Has the student applied to the transfer institution?

☐ Yes

☐ No

Has the student been accepted by/admitted to the transfer institution?

☐ Yes

☐ No

☐ Pending

Has the student participated in an opportunity program? (Select all that apply)

☐

College Bound

☐ GEAR UP

☐ TRiO

Select the Fall/Spring 20\_\_\_\_ funding status of the EOF student:

☐ Funded

☐ Non-Funded

Was the student admitted as *funded* or *non-funded*?

☐ Funded

☐ Non-Funded

Number of semesters the student has received the EOF state grant:

\_\_\_\_ Full-Time

\_\_\_\_ Part-Time

Date the Associate's degree (or academic certificate) awarded, if applicable: \_\_\_\_\_

|                          |   |
|--------------------------|---|
| Sending College Major:   | Sending College Initial Entry Date (MM/YYYY):                               |
| Expected Transfer Major: | Anticipated Transfer Date:  |
| Cumulative GPA:          | <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ |

**ADDITIONAL COMMENTS:**

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*By signing below, you are verifying that the student identified within this application has met all the eligibility requirements for participation within EOF at your institution.*

**EOF Staff/Professional:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

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

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

Please email completed form to: [garlandd@felician.edu](mailto:garlandd@felician.edu)