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STUDENT TRANSFER INFORMATION FORM

I hereby authorize _____
(College Name)

to release the following information to (D V W / R V S C R J O H I O) regarding my participation in Extended Opportunity Programs and Services (EOPS).

Name (Print)

Student ID #

Signature

Date

NOTE: This is a request for services and is not intended to imply the transfer of EOPS or Financial Aid eligibility.

Cumulative Degree Applicable Units: _____

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Educational Disadvantage:

´ Low assessment scores´ non-high school grad ´ high school gpa below 2.5´ remedial courses

´ Other: _____

Term of Acceptance in EOPS: _____

Student ____ has/ ____ has not complied with the EOPS mutual responsibility contract and/or other requirements at this college.

Comment _____

Name of person completing form

Title

Signature

Date

Email Address

Phone Number