Higher Education Opportunity Program

TRANSFER STUDENT CERTIFICATION FORM

Instructions:

This certification of Transfer Student Eligibility is to be completed by the HEOP/EOP/SEEK/CD 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 $24,000 for commuter students and to $30,000 for resident students ($36,000 for resident HEOP students in NYC). 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 _____

Date of Birth _____ 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 twelve credit hours, indicate the number of credit hours. For PT, starting July 1, 2024, use TAP calculations: https://www.nysed.gov/sites/default/files/heop-semester-of-eligibility-memo-2-5-2024.pdf

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

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:** _____ **Email:** _____