

HILBERT COLLEGE

Arthur O. Eve Higher Education Opportunity Program TRANSFER STUDENT CERTIFICATION FORM

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

Student Information		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
<i>SSN#</i>	<i>Last Date of Attendance</i>	

Student is applying for: Fall 20____ Spring 20____

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	

We hereby certify that _____ has been enrolled at
Student's Name

_____ from _____ to _____
Current Institution Start Date End Date

has met the academic and economic eligibility requirements for the respective opportunity program upon

admission. This student has used a total of _____ semesters of HEOP eligibility at this
Number of Semesters Used

institution. According to our records, the student has also used a total of _____
Number of Semesters Used

semesters of eligibility at the following college(s)/universities:

Institution Name	Start Date	End Date

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.

HEOP/EOP Director Name (printed): _____

Institution: _____

Signature: _____ Date: _____

Phone: _____ Fax: _____ Email: _____

Please send this completed form to:

Hilbert College
Office of Admissions
5200 South Park Avenue
Hamburg, NY 14075
Phone: (716) 926-8780
Email: admissions@hilbert.edu