



CUNY Special Programs Transfer Request Form

INSTRUCTIONS

This form is to be completed by the college/program officials only after the student has submitted a Transfer Application. 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) Home _____ Mobile _____ Student ID # _____

Email Address _____

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

COUNSELOR'S STATEMENT

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

Reason Student is requesting transfer: _____

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 Signature _____ Date _____

FINANCIAL AID STATUS

Please indicate the number of semesters this student has received special program financial aid: _____

Comments _____

Financial Aid Officer's Signature _____ Date _____

DIRECTOR'S RECOMMENDATION

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

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

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

Director's Signature _____ Title _____ Date _____