



HUDSON VALLEY COMMUNITY COLLEGE
Educational Opportunity Program
EOP Verification Form
(Transferring to HVCC from a previous institution)

From: School _____ Director _____

Regarding: Student Name _____ DOB _____

The below information must be filled out by the EOP office staff.

This student has applied for admission to Hudson Valley Community College's Educational Opportunity Program (EOP). Please check the appropriate statement below as it applies to the student. We are unable to make an admission decision without this information. Please explain the student's situation in the "other" section if none of the categories apply.

_____ The student was enrolled in our EOP/HEOP/SEEK/College Discovery Program during the following semesters _____

_____ The student was not enrolled in our EOP/HEOP/SEEK/College Discovery Program because:

_____ do not offer EOP _____ determined ineligible _____ never applied

_____ Other reasons:

Program Director (please print) _____

Signature _____

Date _____

Please return form to:
Hudson Valley Community College
Educational Opportunity Program
Siek Campus Center, Suite 120
80 Vandenberg Avenue
Troy, NY 12180
Fax: 518-629-7496