



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. Mail the completed form to **General Transfer Admission - CUNY/UAPC, P.O. Box 359023, Brooklyn, NY 11235-9023**. Fax a copy to the attention of the SEEK/CD Director at the campus(es) to which you are applying.

First Name _____ Middle Name _____ Last Name _____

Address _____

City, State _____ Zip Code

Phone Number(s) Home _____ Mobile _____ EMPLID # _____

Email Address _____

Current College _____	SEEK <input type="checkbox"/>	CD <input type="checkbox"/>	HEOP/EOP <input type="checkbox"/>
Original College (if different, attach copy of original college transfer form) _____	SEEK <input type="checkbox"/>	CD <input type="checkbox"/>	HEOP/EOP <input type="checkbox"/>
_____	SEEK <input type="checkbox"/>	CD <input type="checkbox"/>	HEOP/EOP <input type="checkbox"/>
_____	SEEK <input type="checkbox"/>	CD <input type="checkbox"/>	HEOP/EOP <input type="checkbox"/>
Requesting Transfer to _____	SEEK <input type="checkbox"/>	CD <input type="checkbox"/>	HEOP/EOP <input type="checkbox"/>
_____	SEEK <input type="checkbox"/>	CD <input type="checkbox"/>	HEOP/EOP <input type="checkbox"/>

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 _____

Total Number of Semesters of Opportunity Programs completed as of transfer* _____ Current CUM GPA _____

Counselor's Name (Print) _____ Signature _____ Date _____

FINANCIAL AID STATUS

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

Comments _____

Financial Aid Officer's Name (print) _____ 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.

Comments _____

Director's Name (print) _____ Signature _____ Date _____

*Include semesters used at all colleges