



Educational Opportunity Program
 2nd Floor Bush Hall
 2 Main Street
 Delhi, NY 13753

Date: _____

Student Name _____

Social Security Number _____

Dates of Attendance _____

Name of College _____

Educational Opportunity Program Verification

The following student has applied for admission to the SUNY Delhi Educational Opportunity Program (EOP) and our records indicate this student has previously attended your school. We would appreciate it if you would provide the following information as we cannot make a decision without it.

_____ 1. The student met the academic and financial criteria for opportunity program eligibility and was admitted/enrolled in our:

_____ **EOP** _____ **HEOP** _____ **SEEK**
 _____ **College Discovery** _____ **Other** _____

Please indicate the semesters the student was enrolled in your program:

Is there any reason this student would not be allowed to return to your institution?

_____ Yes _____ No _____

_____ 2. The student met the academic and financial criteria for opportunity program eligibility but was not admitted due to space limitations

_____ 3. The student **did not** participate in an opportunity program.

Important: The information above is correct and there is supporting documentation on file.

Name of person completing this form _____

(Please Print)

Signature _____

Title _____

Phone _____ Fax _____

This form is to be completed by an official of the college, **not** by the student. It should be mailed directly from the college to:

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