



# 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