



The College at
BROCKPORT
 STATE UNIVERSITY OF NEW YORK

CERTIFICATE OF ELIGIBILITY
 EOP/HEOP

College Name: _____

Student's Name: _____

Student's Social Security Number: _____

- Was admitted to this institution in the following Post-Secondary Opportunity Program:

EOP HEOP College Discovery SEEK

Other (Please explain):

He/She was admitted (date) _____ and has spent the following semester(s) in the program: _____

We have no record of participation in a Post-Secondary Opportunity Program for this student at our institution.

Program Director: _____

Signature: _____

Date: _____

The above-named student has met the academic criteria for Opportunity Program eligibility at the time of his/her entrance. Documentation to that effect is on file at this campus.

Chief Academic Officer: _____

Title: _____

Signature: _____

Date: _____

The above-named student has met the economic criteria for Opportunity Program eligibility at the time of his/her entrance. Documentation to that effect is on file at this campus.

_____ Number of semesters student received direct monetary funding.

Award Amounts: _____

Financial Aid Officer: _____

Title: _____

Signature: _____

Date: _____

Please return to: Office of Undergraduate Admissions

The College at Brockport
 350 New Campus Drive
 Brockport, NY 14420