MOORPARK COLLEGE EOP&S
Transfer Student Eligibility Verification

TO BE COMPLETED BY THE EOP&S STUDENT

I authorize the release of the following information to ________________________________College.

___________________________________________
NAME (Print or Type) ID #
__________________________________________________
SIGNATURE DATE

TO BE COMPLETED BY THE EOP&S OFFICE

Cumulative Degree Applicable Units: _________

Educational Disadvantaged Criteria:
_____ not qualified for minimum English or Math
_____ not a high school graduate or no GED
_____ high school GPA below 2.5
_____ previous remedial classes
_____ first generation college student
_____ member of an underrepresented group

BOGW Eligibility: _____BOGW “A” _____BOGW “B”

CARE Eligibility: __________________________

Term of Acceptance in EOP&S: _______________________

Student is in compliance with EOP&S Mutual Contract and Responsibilities: _____YES _____NO

Comments: _________________________________________________________________________

___________________________________________________________________________________

I hereby certify that the above named student meets the eligibility for participation in EOP&S.

_________________________________________             ____________________________________
EOP&S STAFF (print or type)                                              TITLE (print or type)
_________________________________________

SIGNATURE                                             DATE                  PHONE NUMBER