



MOORPARK COLLEGE

EOPS Transfer Student Eligibility Verification

TO BE COMPLETED BY THE EOPS STUDENT

I authorize the release of the following information to _____ College.

NAME (Print or Type)

ID #

SIGNATURE

DATE

TO BE COMPLETED BY THE EOPS 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

California College Promise Grant Eligibility: _____ "A" _____ "B" _____ "C"(zero EFC)

CARE Eligibility: _____

Next Up Eligibility: _____

Term of Acceptance in EOPS: _____

Student is in compliance with EOPS Mutual Contract and Responsibilities: _____ YES _____ NO

Comments: _____

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

EOPS STAFF (print or type)

TITLE (print or type)

SIGNATURE

DATE

PHONE NUMBER