



# 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: \_\_\_\_\_

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