



**Applicants must be residents of New York State**

## Eligibility

1. Applicants must have been enrolled in EOP/SEEK/HEOP/College Discovery.
2. Applicants must submit a signed Verification Form from the institution where they attended as an EOP/SEEK/HEOP/College Discovery student. This completed form must be authenticated (Prior College's stamp/seal) by the applicant's EOP/SEEK/HEOP/College Discovery Coordinator/Supervisor/Verifier.
3. Applicants are only eligible for 10 semesters of EOP/SEEK/HEOP/College Discovery.
4. Applicants with a Baccalaureate degree are ineligible for EOP/SEEK/HEOP/College Discovery.

## Student Information

Middle Name

---

*Date of Birth*

☐ Male    ☐ Female

---

Apt.

---

Zip

---

Telephone (Cellular)

Have you received a bachelor's degree: ☐ Yes ☐ No

*It is important that all sections are complete where appropriate.*

---

## Section 1. Please check only one option

- ☐ I was admitted to the EOP, HEOP, or College Discovery/SEEK Program
- ☐ I was never enrolled in the EOP, HEOP or College Discovery/SEEK Program

### Transfer Institution Information

\_\_\_\_\_  
*Name of Institution*

\_\_\_\_\_  
*City*                      *State*                      *Country*

This institution's academic year is based on:    ☐ Semesters    ☐ Trimesters    ☐ Quarters

---

## Section 2. Student Enrollment Data

Complete this section only if your campus has a New York State EOP, HEOP, or CD/SEEK Program

Date of Admission:      Fall \_\_\_\_\_      Spring \_\_\_\_\_      Summer \_\_\_\_\_

The student was enrolled in:    ☐ EOP    ☐ HEOP    ☐ SEEK/CD

---

## To be completed by prior institution's EOP/SEEK/HEOP/College Discovery Coordinator

\_\_\_\_\_  
*Name of EOP/SEEK/HEOP Coordinator/Supervisor/Verifier*                      *Title*

☐ Yes, Student did participate in    ☐ EOP    ☐ HEOP    ☐ SEEK/CD                      Dates of Enrollment: \_\_\_\_\_

☐ No, Student did not participate in EOP/SEEK/HEOP

Total Number of Semester's Student Received EOP/HEOP/SEEK: \_\_\_\_\_

.....  
Do not write below this line. For office use only.

☐ Approved for EOP

☐ Denied EOP

*Please return form to:*

**SUNY Downstate Medical Center  
Office of Student Admissions  
450 Clarkson Avenue, Box 60  
Brooklyn, NY 11203**