



EOPS

Extended Opportunity Programs and Services

STUDENT TRANSFER INFORMATION FORM

I hereby authorize _____
(College Name)

to release the following information to East Los Angeles College regarding my participation in Extended Opportunity Programs and Services (EOPS).

Name (Print)

Student ID #

Signature

Date

NOTE: This is a request for services and is not intended to imply the transfer of EOPS or Financial Aid eligibility.

Cumulative Degree Applicable Units: _____

Please provide a copy of the student's transcript

Educational Disadvantage:

Low assessment scores non-high school grad high school gpa below 2.5 remedial courses

Other: _____

Term of Acceptance in EOPS: _____

Student ____ has/ ____ has not complied with the EOPS mutual responsibility contract and/or other requirements at this college.

Comment _____

Name of person completing form

Title

Signature

Date

Email Address

Phone Number