

**SUNY Downstate Medical Center**  
**Educational Opportunity Program (EOP) Verification Form\***

**SUNY Downstate EOP Eligibility**

1. Applicants must have been previously 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 with a Baccalaureate degree are ineligible for EOP/SEEK/HEOP/College Discovery
4. Applicants are only eligible for 10 semesters of EOP/SEEK/HEOP/College Discovery.
5. You must apply for financial aid at SUNY Downstate

*If you are accepted for admission at SUNY Downstate, all sections of the EOP Application Verification Form must be completed and returned 30 business days prior to your registration date at SUNY Downstate, in order to be considered for EOP benefits.*

<b>Student Information*</b>				
Last Name	First Name	Middle Name	Male [ ] Female [ ]	
SSN# or student ID	Last Date of Attendance	Date of Birth		
Street	Apt.	City	State	Zip
Telephone (Day)	Telephone (Evening)	Telephone (Cellular)		
Have you received a bachelor's degree: Yes _____ No _____				
* Must be a current resident of New York State to retain eligibility				

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

**Section I. To be completed by the Student (Applicant)**

[ ] I was enrolled in: EOP        HEOP        SEEK/CD   

**Previous (most recent) EOP/HEOP/College Discovery/SEEK Institution Information**

1. \_\_\_\_\_  
Name of Institution

\_\_\_\_\_

Location (City, State, and Country)

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

3. Year of Admission: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

4. I applied for SUNY Downstate Financial Aid on (date) \_\_\_\_\_

**To be completed by prior institution's EOP/SEEK/HEOP/College Discovery Coordinator at your last College/University**

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

\_\_\_\_\_  
Title

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

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

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

-----  
***This form must be completed as soon as possible and no later than 30 business days before  
SUNY Downstate's registration date to:***

**SUNY Downstate Medical Center  
Office of Student Admissions  
450 Clarkson Avenue, Box 60  
Brooklyn, NY 11203  
Fax 718 270-**

-----  
**Do not write below this line. For SUNY Downstate's use only.**

Date Form Received by Admissions:

Student was accepted to \_\_\_\_\_ Program on \_\_\_\_\_ date for Entry \_\_\_\_\_

Applicant Has Applied for SUNY Downstate Financial Aid     Yes       No

Form Faxed to Dean Dawn Morton-Rias

Approved for EOP       Denied EOP

Signed \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If approved, Banner screen updates on SGGASTNS made by

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date completed form returned to Admissions for Applicant admissions file