

CUNY Special Programs Transfer Request Form

student even if they are applying to mult	ge/program officials only after the student has submitted a T tiple colleges. Please include the student's Application Contro nission - CUNY/UAPC, P.O. Box 359023, Brooklyn, NY 11235-9	l Number ("W" Number) from		
W				
First Name	Middle Name	Last Name		
			Zip Code	
	Mobile		·	
			CD	HEOP/EOP
			CD	HEOP/EOP
Requesting Transfer to		SEEK	CD	HEOP/EOP
		SEEK	CD	HEOP/EOP
		SEEK	CD	HEOP/EOP
		SEEK	CD	HEOP/EOP
	COUNSELOR'S STATEMEN			
Student has/will receive Associates Deg Reason Student is requesting transfer: For Term: Fall 20 Spring 2				
	Current CLIM CDA			
Number of opportunity program seme				
Counselor's Signature Date				
	FINANCIAL AID STATUS			
Please indicate the number of semest	ters this student has received opportunity program fina	ncial aid:		
Financial Aid Officer's Signature	Date			
Student is eligible for opportunity pro Student is no longer eligible for SEEk	pram transfer and I recommend approval of the transfet (College Discovery program services. gram transfer, but I DO NOT recommend approval of the transfer transfer.	er request.	following reason(s):
	Title		Date	

Revised Dec. 2015