

Sacramento City College

EOPS Student Transfer Information

I authorize the release of the following information to _____ College regarding my history with Extended Opportunity Programs and Services (EOPS.)

Name (Print/Type)

Student ID

Signature

Date

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

Cumulative Degree Applicable Units: _____

Educational Disadvantaged Criteria:

Not qualified for minimum English and/or Math

Have not received a High School Degree/ GED

High school GPA below 2.50

Previously enrolled in remedial classes

Other: _____

CARE Eligibility: _____

Terms of Acceptance in EOPS: _____

Complied with their EOPS Mutual Responsibility Contract or other requirements at this college:

Yes

No (if no, please explain)

Other comments (special needs):

Last term of attendance in EOPS: _____

Number of units completed during last term of attendance in EOPS: _____

Number of counseling visits/contact during last term of attendance in EOPS: _____

EOPS Director/Designee

Name

Sacramento City College

College

Signature

(916) 558-2403

Phone Number

Email

Fax Number

Unofficial transcript attached