

**EOP Status Verification**

**EOP APPLICANT’S INFORMATION:**

Student Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I.\_\_\_\_\_\_

MAIDEN NAME OR OTHER LEGAL NAME USED IN THE PAST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRANSFERING FROM: CSU\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (I.D. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

**TRANSFERING TO: CSU\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (I.D. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

**SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THIS PORTION IS TO BE COMPLETED BY THE EOP OFFICE YOU ARE TRANSFERRING FROM:**

The student identified above has applied for admission to the above CSU campus for the \_\_\_\_\_\_\_\_\_\_\_\_\_ term, and has indicated previous EOP enrollment. **Please verify if this student is or was enrolled.** If this student has an EOP enrollment, please forward a copy of the student’s entire EOP application to our office for recording purposes.

Admitted bona fide EOP. Term of initial enrollment**:­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Admitted Non bona fide EOP. Term of initial enrollment:**\_\_\_\_\_\_\_\_\_\_\_\_\_**

EOP application forms **NOT** available.  Copies of EOP application forms enclosed.

Not admitted through EOP

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| **Thank you for your cooperation.**  **Please send all items for SDSU EOP consideration to:** | The Office of Educational Opportunity Programs and Ethnic Affairs  Attn: Admissions Processing  San Diego State University  5500 Campanile Drive  San Diego, CA 92182-8222  Fax: (619) 594-4299  [eopadmis@sdsu.edu](mailto:eopadmis@sdsu.edu) |