



Graduate Opportunity Program Application and Certification Form

Part A: To be completed by GOP applicant

1. Name: Last First Middle/Maiden

2. Legal Residence: Street City State Zip Code

3. Phone: 4. Social Security Number:

5. EOP/SEEK/HEOP Program in which you participated as an undergraduate student: College: Address:

6. Term(s) for which you are requesting assistance: Fall Year Spring Year Summer Year

7. Post-baccalaureate program to which you have been admitted / applied:

8. Degree/Certificate being sought: Master's CAS

9. Date you expect this degree/certificate to be awarded:

Part B: To be completed by the director of the applicant's undergraduate EOP/SEEK/HEOP program

Please complete Part B of this form and return to: Graduate Admissions Office 106 Miller Bldg. SUNY Cortland P.O. Box 2000 Cortland, New York 13045-0900

The above named student was enrolled in the EOP SEEK HEOP Program

at:

From: / to / Date of Graduation:

Director's Name Director's Signature Date