SAN DIEGO STATE UNIVERSITY

Educational Opportunity Programs and Ethnic Affairs

Division of Student Affairs and Campus Diversity

EOP Status Verification

EOP APPLICANT'S INFORMATION:

Student Name _____   _____   _____
                              Last   *First*   *Middle Initial*

Maiden Name or other Legal Name used in the Past _____ Date of Birth (MM/DD/YYYY) _____

Cell Ph: _____   Email: _____

Transfering From CSU _____   (I.D. # _____)

Transfering To CSU _____   (I.D. # _____)

Signature:_____   Date (MM/DD/YYYY):_____

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

Thank you for your Partnership! Please send all items for SDSU EOP consideration to:

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