



State University of New York

EDUCATIONAL OPPORTUNITY PROGRAM

PO Box 6000
Binghamton, New York 13902-6000
607-777-2791, Fax: 607-777-2232

Date: _____

Name _____ Date of Birth: _____
(Last) (First) (M.I.)

Social Security # _____ - _____ - _____

- 1. _____ The student named above was admitted through regular admissions.
2. _____ The student named above was admitted through one of the following programs:
College Discovery _____ EOP _____ HEOP _____ SEEK _____
Other (please explain) _____
3. Please list semesters of attendance: _____
4. Please indicate number of semesters of eligibility used at institutions prior to yours _____
5. Is there a reason this student cannot return to this institution: _____

The above named student (met ___) (did not meet ___) the financial guidelines for the Educational Opportunity Program at Binghamton University .

Program Director: _____
Signature: _____
Date: _____

Financial Aid Officer: _____
Title: _____
Signature: _____
Date: _____

College/University to receive this information: _____