

**EOP IS AWARDED ON
A FIRST COME
FIRST SERVED BASIS
EACH SEMESTER**

STATE UNIVERSITY OF NEW YORK

Certification of Participation in EOP/SEEK/HEOP

THIS FORM SHOULD BE COMPLETED ONLY ONCE

APPLICANT: Send completed form to the **EOP/SEEK/HEOP office** where you participated as an undergraduate student and completed your undergraduate degree.

EOP/SEEK/HEOP Program Director: Please return signed form to: The Graduate School office (GC 204), Buffalo State College, 1300 Elmwood Avenue, Buffalo, NY 14222-1095.

Name _____ Social Security # _____

Address _____
Street City State Zip

Phone Number _____ Sex*: Male Female

Ethnicity (please check one)*:

- | | |
|--|---|
| <input type="checkbox"/> White, Non-Hispanic | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Black, Non-Hispanic | <input type="checkbox"/> American Indian or Native American |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other |

*This information is requested for recruitment and statistical purposes. The State University of New York grants admission and financial aid based on the qualifications of the applicant, without regard to sex, race, age, color, creed, national origin, disability or handicap.

SUNY college or university center you are applying to: _____

Field of Study (please check one):

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Education | <input type="checkbox"/> Optometry |
| <input type="checkbox"/> Art/Music | <input type="checkbox"/> Engineering | <input type="checkbox"/> Public Affairs |
| <input type="checkbox"/> Business | <input type="checkbox"/> Humanities | <input type="checkbox"/> Social Sciences |
| <input type="checkbox"/> Computer Science | <input type="checkbox"/> Law | <input type="checkbox"/> Social Welfare |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Medicine | <input type="checkbox"/> Other (please specify) _____ |

Degree being sought (please check one):

- | | |
|---|---|
| <input type="checkbox"/> Master of Arts (M.A.) | |
| <input type="checkbox"/> Master of Science (M.S.) | <input type="checkbox"/> Advanced Certificate |
| <input type="checkbox"/> Master of Science in Education (M.S.Ed.) | <input type="checkbox"/> Other |

Expected Date of Graduation: _____

Did you participate in the EOP/SEEK/HEOP as an undergraduate? Yes No

If yes, what college or university did you attend? _____

EOP/SEEK/HEOP Director Signature

Date

BSC Graduate Dean Signature

Date