



# West Los Angeles College EOPS Transfer Student Eligibility Verification

### TO BE COMPLETED BY THE EOPS STUDENT

I authorize the release of the following information to \_\_\_\_\_ College.

\_\_\_\_\_  
NAME (Print or Type)

\_\_\_\_\_  
ID #

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

### TO BE COMPLETED BY THE EOPS OFFICE

Cumulative Degree Applicable Units: \_\_\_\_\_

Educational Disadvantaged Criteria:

\_\_\_\_\_ not a high school graduate or no GED

\_\_\_\_\_ high school GPA below 2.5

\_\_\_\_\_ previous remedial classes

\_\_\_\_\_ first generation college student

\_\_\_\_\_ member of an underrepresented group

California College Promise Grant Eligibility: \_\_\_\_\_ "A" \_\_\_\_\_ "B" \_\_\_\_\_ "C"(zero EFC)

CARE Eligibility: \_\_\_\_\_

Term of Acceptance in EOPS: \_\_\_\_\_

Student is in compliance with EOPS Mutual Contract and Responsibilities: \_\_\_\_\_ YES \_\_\_\_\_ NO

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above named student meets the eligibility for participation in EOPS.

\_\_\_\_\_  
EOPS STAFF (print or type)

\_\_\_\_\_  
TITLE (print or type)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE NUMBER