

**San Jose City College
EOP&S Student Transfer Information**

I authorize the release of my EOP&S records to:

Name:

SJCC SID #

Signature

Date

Note: This is a request for services and is not intended to imply the transfer of EOP&S or Financial Aid eligibility.

Cumulative Degree Applicable Units:

Educational Disadvantage Criteria:

____ not qualified for minimum English or math

____ previous remedial classes

____ not high school graduate

____ other: _____

____ high school GPA below 2.5

Please attach unofficial transcript

Is the Student Eligible for the CARE Program? Yes No

Student has / Has not complied with their EOPS mutual responsibility contract and/or other requirements at this college. **(if not please explain)**

Other comments (special needs):

EOP&S Director/ Designee:

College: San Jose City College

Phone number: (408) 288-3788

E-Mail address:

Fax Number: (408) 971-3641

Signature: