

## Graduate Opportunity Program Application and Certification Form

### Part A: To be completed by GOP applicant

1. Name: \_\_\_\_\_  
Last First Middle/Maiden

2. Legal Residence: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

3. Phone: \_\_\_\_\_ 4. Social Security Number: \_\_\_\_\_

5. EOP/SEEK/HEOP Program in which you participated as an undergraduate student:

College: \_\_\_\_\_

Address: \_\_\_\_\_

6. Term(s) for which you are requesting assistance:  Fall\_\_\_\_  Spring\_\_\_\_  Summer\_\_\_\_  
Year Year Year

7. Graduate program to which you have applied or been admitted: \_\_\_\_\_

8. Degree/Certificate being sought:  MSED  MAT  MST  MA  MS  CAS

9. Date you expect this degree/certificate to be awarded: \_\_\_\_\_

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### Part B: To be completed by the director of the applicant's undergraduate EOP/SEEK/HEOP program

Please complete Part B of this form and return to :

Dr. Peter McGinnis, Assistant Director  
Graduate Studies Office  
SUNY Cortland  
P.O. Box 2000  
Cortland, New York 13045-0900

The above named student was enrolled in the EOP/SEEK/HEOP (circle one) Program at:

\_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Graduation: \_\_\_\_\_

\_\_\_\_\_  
Director's Name

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date