



**APPLICATION FOR GEOP SUPPORT AND  
CERTIFICATION OF GRADUATION FROM  
EOP/HEOP/SEEK PROGRAM IN NEW YORK STATE**

**SECTION 1:  
(TO BE COMPLETED BY STUDENT)**

Salutation: \_\_\_\_\_ Name: \_\_\_\_\_ UB E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ SS#: \_\_\_\_\_ Person # (if known): \_\_\_\_\_ Sex: \_\_\_\_\_

Ethnicity\*: \_\_\_\_\_

*\*This information is requested for recruitment and statistical purposes only. 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.*

UB College/School: \_\_\_\_\_ Department: \_\_\_\_\_

Degree Program: \_\_\_\_\_ Degree Sought: \_\_\_\_\_

Date of undergraduate degree completion (or expected date): \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature Date: \_\_\_\_\_

**Important Note:** In order to be considered for a GEOP tuition scholarship, applicant must also complete and submit a GEOP Tuition Scholarship Verification Form, available at:

[http://www.grad.buffalo.edu/forms/students/geop\\_verification.pdf](http://www.grad.buffalo.edu/forms/students/geop_verification.pdf)

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**SECTION 2:**

*(TO BE COMPLETED BY DIRECTOR OF EOP, HEOP, OR SEEK PROGRAM AT APPLICANT'S UNDERGRADUATE INSTITUTION – Verification of graduation from EOP/HEOP/SEEK Program:*

Name of Undergraduate Institution: \_\_\_\_\_

Name of EOP/HEOP/SEEK Program Director: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
EOP/HEOP/SEEK Director's Signature Date: \_\_\_\_\_

**Return Completed form to:** The Graduate School, 408 Capen Hall, Buffalo, NY 14260  
Fax: 716-645-6142, Phone: 716-645-2939