

Form A

## **Graduate Opportunity Program (GOP) Certification of Student Participation**

This form must be certified by the EOP, HEOP, or SEEK director at the undergraduate institution attended and submitted before the student applicant can be considered for GOP support.

Section I (to be completed by t	the student applicant):		
Last Name	First Name	Prefer Nan	ne/Pronouns (optional)
E-mail Address		DOB	
Address	City	Stat	ze Zip
Mobile Number	Gender*	Gender* Ethnicity/Race*	
	ruitment and statistical purposes only. The State licant, without regard to gender, race, age, color,		_
Graduate Degree Program	Graduate Degr	ree	Start Term
Ç Ç	Graduate Degi		Start Term
Student Signature:	_	Date:	
Student Signature:Section II (to be completed by		Date: gram at applicant's ur	
Student Signature:Section II (to be completed by Name of undergraduate institu	the director of EOP, HEOP, or SEEK prostion where applicant participated in EOI	Date: gram at applicant's ur	ndergraduate institution
Student Signature:Section II (to be completed by Name of undergraduate institution Name of Program Director	the director of EOP, HEOP, or SEEK prostion where applicant participated in EOI	Date:gram at applicant's une P, HEOP, or SEEK	ndergraduate institution  Graduation Date