

Los Medanos College Extended Opportunity Programs and Services (EOPS)

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EOPS Academic Year 2019/20 - Intent to Transfer or Graduate

In order to document the success of EOPS students, please provide information about your graduation, certificate or transfer plans.

Name:				Student ID #:			
Email Address:		Phone #:					
1)	Have you applied for graduation??			Yes No No N/A			
2)	Will you be receiving a(n): ☐ AA/AS ☐	Certificate	Transfe	er with AA/AS Tra	nsfer wi	thout AA/AS	
3)	Do you plan to attend Graduation C	o you plan to attend Graduation Ceremony Transfer Academy Ceremony					
4)	What degrees will you earn?						
	Example: AS Business Accounting						
	a)		d)				
	b)		e)				
	c)		f)				
5)	Are you transferring?	Yes 🗌		No 🗌			
6)	Have you informed the transfer center?	Yes 🗌		No 🗆			
7)	Have you requested your transcripts?	Yes 🗌		No 🗌			
8)	Have you completed a TAG certification	? Yes □		No 🗌			
9)	To which schools have you applied:						
	a)	Accepted [Co	onditional Acceptance	e 🗌	Denied [
	b)	Accepted [Co	onditional Acceptance	e 🗌	Denied [
	c)	Accepted	Co	onditional Acceptance	e 🗌	Denied	
	d)	Accepted [Co	onditional Acceptance	e 🗌	Denied [
	e)	Accepted	Co	onditional Acceptance	e 🗌	Denied	
	f)	Accepted \square	Co	onditional Acceptance	е 🗆	Denied \square	
10)	Which semester will you complete your	graduation/trar	nsfer rec	quirements? FA	SP	_ SU	
11)	Did you receive any scholarships?	Yes 🗌	No 🗆				
If s	so, what scholarship(s) did you receive?						