

Los Medanos College Extended Opportunity Programs and Services (EOPS)

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EOPS Fall 2018/Spring 2019 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 □	
2) Will you be receiving a(n): ☐ AA/AS	S	Transfer with AA/AS ☐ Transfer w	vithout AA/AS
3) Do you plan to attend Graduati	on 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 cent	er? Yes 🗌	No 🗆	
7) Have you requested your transcripts	? Yes □	No 🗌	
8) Have you completed a TAG certification.	ation? Yes 🗌	No 🗌	
9) To which schools have you applied:			
a)	Accepted	Conditional Acceptance	Denied
b)	Accepted [Conditional Acceptance	Denied
c)	Accepted	Conditional Acceptance	Denied
d)	Accepted [Conditional Acceptance	Denied [
e)		Conditional Acceptance	Denied
		Conditional Acceptance	Denied \square
10) Which semester will you complete			
11) Did you receive any scholarships?		No □	
If so, what scholarship(s) did you receive			