

SUNY/CUNY/EOC Student Verification of Enrollment

Student Name: _____ Date: _____

College/EOC Name: _____ Date of Birth: _____

TO BE COMPLETED BY COLLEGE OR EOC OFFICIAL:

1. Is the student named above enrolled at least half-time? Yes No
2. Student's Program of Study or Major: _____
3. Academic Semester or Date of Enrollment in Program of Study: _____ Year _____
4. Is the student enrolled in a program of study or major that, for SNAP purposes only, meets the definition of a Career and Technical Education program under the Carl D. Perkins Career and Technical Education Improvement Act of 2006 (HEGIS codes 5000 through 5599)? Yes No
5. Is the student enrolled at an EOC in a program of Career and Technical Education, remedial courses, basic adult education, literacy, or English as a second language? Yes No

By signing below, I certify that all of the information provided above is true and accurate to the best of my professional knowledge.

Signature of College/EOC Official

Date

Printed Name

Title

Phone Number