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