

Academic Foundations Center Educational Opportunity Fund Program Bradley Hall, 1st Floor 110 Warren Street Newark, New Jersey 07102

## **EOF Re-Enrollment Application Guidelines**

As you are aware, the Educational Opportunity Fund (EOF) Program mandated by New Jersey Legislation sets forth student eligibility guidelines. Due to changes in the New Jersey EOF Program's Administrative procedures and policies coupled with funding restraints, re-admitted students are not guaranteed EOF funding upon re-entry.

Students who re-enter after one semester of separation and maintain compliance with the EOF Program's rules and regulations will continue to be funded. (Example: Student withdrew Spring 2020 and returned Fall 2020.)

Students who have separated for one academic year or more, may not be guaranteed EOF funding. (Example: Student withdrew Spring 2019 and returned Fall 2020.)

Students will be admitted on first-come, first-served basis. EOF funding is limited and contingent upon your compliance with the EOF rules and regulations.

You will be notified by letter regarding the status of your EOF Re-Enrollment Application within six to eight weeks of the start of the semester.

Re-Enrollment applications will not be accepted after the following dates:

Fall Semester August 15<sup>th</sup> Spring Semester January 15<sup>th</sup>

Re-Enrollment Applications must be submitted to your assigned EOF Counselor for review.



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## **EOF RE-ENROLLMENT APPLICATION**

Name	ne			Date		
Address	Apt/Fl.		City	State	 Zip	
Home Telephone	•		-		•	
NJFAMS ID:		RUID#:				
Last semester registered (year):	Fall	Spring	_ Summer _			
Student will graduate (year):	Fall	Spring	_ Summer _			
Number of credits currently enrolled: EOF Counselor:						
Cumulative credits:	Cumı	ılative GPA: _				
Living off-c	g from your pa ampus (not wi the dormitory	th parents)?	□ Yes □ Yes □ Yes	□No		
If you are not admitted with EC through the EOF Program as a r			ceive counsel □ Yes □		services	
Reason for Separation:						
Reason for Re-enrollment:						
Student Signature & Date						
EOF COUNSELOR USE ONLY:						
Reviewed by:			Date: _			