



RUTGERS

UNIVERSITY | NEWARK

Educational Opportunity Fund

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

EOF TRANSFER FORM

Name _____ Date _____

E-mail address _____ NJFAMS ID _____

Address _____
Street Apt./Fl. City State Zip

Home Telephone _____ Cell Telephone _____

Ethnicity _____ Gender _____ Date of Birth _____

College Transferring from: _____
(CHOOSE ONE) 21 NCAS 40 SPAA
 29 RBS 47 SCJ
 62 UC

College Transferring to: _____

Anticipated Transfer Date: Fall _____ Spring _____ Summer _____

Current Major _____ Cum. GPA _____ Cum. Credits _____

Entry Date to EOF Program _____ Number of semesters awarded EOF _____

EOF Counselor Name _____ Telephone _____

EOF Counselor Signature _____ Date _____

Additional Information/Comments
