

Part 1: To be completed by student

Student's Name: _____ Social Security Number: XXX-XX- _____
 Permanent Address: _____ RU ID Number (if available): _____
 _____ Date of Birth: _____

TRANSFERING FROM:

Name: _____
 Address: _____

TRANSFERING TO:

Name: Rutgers, The State University of New Jersey
 Address: 65 Davidson Road, Room 202
Piscataway, NJ 08854-8097

Sending College Major: _____
 Expected Transfer Major: _____
 Cum GPA: _____
 College Level Credits Earned: _____

DATE OF INITIAL ENTRY INTO EOF PROGRAM:

 Month Year

ANTICIPATED TRANSFER DATE TO RUTGERS:

 Semester Year

Part 2: To be completed by current/previous institution

What is the EOF status during this semester? Funded Non-Funded
 Number of semesters student received EOF grant (including current semester): Full Time Non-Funded
 Date Associate's degree/certificate was or will be received (if applicable): _____
 Month Date Year

ADDITIONAL INFORMATION/COMMENTS

 Name of EOF Counselor (please print) Signature Date

Send your completed and signed form by:

Email: questions@admissions.rutgers.edu | **Fax:** 732-445-0237

Mail: Rutgers, The State University of New Jersey, Undergraduate Admissions Operations Center
 65 Davidson Road, Room 202, Piscataway, NJ 08854-8097