

EOF Transfer Form
New Jersey Institute of Technology

Date: _____

Transferring From: _____ Anticipated Transfer Date: _____

Social Security Number _____ - _____ - _____

NJIT SID# _____

Last Name _____

First Name _____

Permanent Address _____

Date of Birth ____/____/____

City/State _____

Phone _____

Email _____

Sending College Major

Expected Transfer Major

Cum GPA

College Level Credits Earned

Developmental Credits Earned

Total Credits Earned

Entry Date to the Sending College ____/____/____
(Month/Year)

Entry Date to the NJIT EOF ____/____/____
(Month/Year)

Number of semesters student received EOF grant (including current semester): Full-time _____
Part-time _____

Date Associate's degree/certificate was or will be received: ____/____/____

Additional information/Comments: _____

DO NOT COMPLETE BELOW THIS LINE

_____ is in receipt of the EOF Transfer form
Institution

The student has been _____ Accepted
_____ Rejected

Date: _____

NJIT EOF/EOF Official: _____