

EOF TRANSFER FORM

TWO YEAR SECTOR

<input type="checkbox"/>	APPLIED
<input type="checkbox"/>	ACCEPTED

TRANSFERRING FROM:

TRANSFERRING TO:

Name _____

Name _____

Address _____

Address _____

Student's Name *(please print)* _____

Social Security Number _____

Permanent Address _____

Date of Birth _____

Sending College Major _____

Expected Transfer Major _____

Cum. GPA _____

College Level Credits Earned _____

ENTRY DATE TO THE EOF PROGRAM

Month _____ Year _____

ANTICIPATED TRANSFER DATE

Semester _____ Year _____

What is the admission type during this present semester?

Funded

Non-Funded

Number of semesters student received EOF grant *(including current semester)* Full Time _____ Part Time _____

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

Month _____

Day _____

Year _____

ADDITIONAL INFORMATION / COMMENTS

Name of EOF Counselor <i>(please print)</i> _____		EOF Director <i>(please print)</i> _____	
Signature _____	Date _____	Signature _____	Date _____



PLEASE FORWARD BOTTOM SECTION TO SENDING COLLEGE:

_____ is in receipt of the EOF Transfer form for
Institution _____

_____ The student has been Accepted Not Accepted
Student _____

Signature _____

Date _____