



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 2008 and returned Fall 2008.)

Students who have separated for one academic year or more, may not be guaranteed EOF funding. (Example: Student withdrew Spring 2008 and returned Fall 2009.)

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 th
Spring Semester	January 15 th

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



EOF RE-ENROLLMENT APPLICATION

Name _____ Date _____

Address _____
Street Apt./Fl. City State Zip

Home Telephone _____ Cell Phone _____

Social Security Number: _____ RUID#: _____

Last semester registered (year): Fall _____ Spring _____ Summer _____

Student will graduate (year): Fall _____ Spring _____ Summer _____

Number of credits currently enrolled: _____ EOF Counselor: _____

Cumulative credits: _____ Cumulative GPA: _____

Will you be: Commuting from your parents home? Yes No
 Living off-campus (not with parents)? Yes No
 Residing in the dormitory? Yes No

If you are not admitted with EOF funding, do you want to receive counseling support services through the EOF Program as a non-funded student? Yes No

Reason for Separation: _____

Reason for Re-enrollment: _____

Student Signature & Date _____

EOF COUNSELOR USE ONLY:

Reviewed by: _____ Date: _____