

**EOF Transfer Form**

Anticipated Transfer Date \_\_\_\_\_ Semester/Year \_\_\_\_\_

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ D.O.B. \_\_\_\_\_

Sending College Major \_\_\_\_\_ Cum GPA \_\_\_\_\_

Expected Transfer Major \_\_\_\_\_

College Level Credits Earned \_\_\_\_\_ Developmental Credits Earned \_\_\_\_\_ Total Credits Earned \_\_\_\_\_

Entry Date to the Sending College \_\_\_\_\_  
Month \_\_\_\_\_ Year \_\_\_\_\_

Entry Date to the EOF Program \_\_\_\_\_  
Month \_\_\_\_\_ Year \_\_\_\_\_

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

Additional Information or comments:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of EOF Counselor (Print)  
(Sending College)

\_\_\_\_\_  
EOF Director (Print)

\_\_\_\_\_  
Sign \_\_\_\_\_ Date \_\_\_\_\_

**Please forward bottom section to sending college**

\_\_\_\_\_ is in receipt of the EOF Transfer Form for  
Institution

\_\_\_\_\_. The student had been  
(Student)

\_\_\_\_\_ Accepted Date: \_\_\_\_\_  
\_\_\_\_\_ Rejected