

**NEW JERSEY CITY UNIVERSITY
OPPORTUNITY SCHOLARSHIP PROGRAM
OSP/EOF TRANSFER INTERVIEW FORM**

PART I TO BE COMPLETED BY THE STUDENT

Check One: I am applying for the Fall Semester ____ Spring Semester ____.

NAME _____ SSN _____

ADDRESS _____

Number Street Apt No.

City State Zip Code

HOME PHONE (____) _____ WORK PHONE (____) _____

Indicate the name of the college or university you are transferring from:

Check One: Freshman _____ Sophomore _____ Junior _____ Senior _____
(0-32 Credits) (33-64 Credits) (65-96 Credits) (97 – Credits)

Are you registered for the current semester? _____ How many credits? _____

Have you received EOF in the State of New Jersey for at least one semester? _____

Why did you decide to transfer to New Jersey City University?

Have you completed and submitted the current NJ Financial Aid Form? _____

Student's Signature: _____ **Date:** _____

NOTE: The deadline date for the **Fall Semester is August 29** and for the **Spring Semester is January 2**. All accepted Transfer Students must have a CGPA of 2.00 or better, meet with assigned counselor and attend NJCU Transfer Orientation (TBA).

PART II TO BE COMPLETED BY NJCU FINANCIAL AID OFFICE
(Give to Ms. Leonia Wise whose office is located in Hepburn Hall-Room 215)

1. How many semester(s) has student received EOF? _____.
2. Is the student eligible for an EOF Grant? _____

Comments _____

Signature: _____ **Date:** _____

PART III TO BE COMPLETED BY THE OSP COUNSELING STAFF.

- ____ Student has been cleared for EOF by the Financial Aid Office.
____ Current enrolled credits, Academic Status: Freshman, Sophomore, Junior, Senior.

Recommendation: _____

Counselor's Signature _____ **Date Submitted** _____

PART IV TO BE COMPLETED BY THE DIRECTOR/ASSOCIATE DIRECTOR

Accepted _____ Reject pending current grades _____ Reject CGPA too low _____

Not making credit completion rate from transfer institution _____

Reevaluate at the end of the current semester _____ Student Assigned to _____

Comments _____

Director or Associate Director's Signature _____ **Date** _____