Bergen COMMUNITY COLLEGE

Educational Opportunity Fund Program
400 Paramus Road, C-100, Paramus, NJ 07652
Phone: (201) 447-7139 · Fax: (201) 689-6854
E-Mail: eofoffice@bergen.edu

Educational Opportunity Fund (EOF) Program
Request for an EOF Student Transfer Form

Student Name: _____ Date of Birth: _____
BCC ID/SS No.: _____ HESAA ID No.: _____
Address: _____
City, State, and Zip: _____ Cell No.: _____
Student (BCC) E-Mail: _____
Student (Personal) E-Mail: _____
BCC EOF Counselor's Name: _____
Selected Major at receiving school: _____
What is your anticipated transfer date? □ Fall_____ □ Spring_____
Have you applied to the transfer institution?
□ Yes □ No
Have you been accepted by/admitted to the transfer institution?
□ Yes □ No □ Pending
Have you participated in an opportunity program? (Select all that apply)
□ College Bound □ GEAR UP □ TRIO

Transferring to:

Name of Institution: _____
Institution's Address: _____

EOF Student Transfer Form Delivery Method (Select one)**:**

□ Student picks-up the letter at the BCC EOF office.
□ Mail the letter to the listed college/university.
□ E-Mail to:_____ E-mail:_____
□ Fax to:_____ Fax No.:_____
□ Other:_____

Student Signature*: _____ **Date:** _____

*I authorize the release of information as per Family Education Rights & Privacy Act (93:380)

FOR BCC EOF OFFICE USE ONLY

Received on: _____
Completed on: _____
Notified Student on:_____
_____

FOR BCC EOF OFFICE USE ONLY

□ Picked-up on: _____
□ Mailed on: _____
□ E-Mailed on: _____
□ Faxed on: _____
□ Other: _____