

**The College of New Jersey
Educational Opportunity Fund Program
College Exit Form**

Date: _____

Name: _____ PAWS ID # _____

Major: _____ Year in college (i.e., Fresh, Soph) _____

Permanent Address: _____

Phone: _____ Cell Phone: _____ E-mail: _____

EOF Adviser: _____

First Date of Attendance: _____ Last Date of Attendance: _____

Do you plan to return to The College of New Jersey? Yes No Undecided

If yes, when? (term, year) _____

Will you be transferring? Yes No Undecided

If yes, where? _____

Please indicate reason(s) for your withdrawal:

- | | |
|---|--|
| <input type="checkbox"/> Academic difficulty | <input type="checkbox"/> Homesick |
| <input type="checkbox"/> Advisor/Faculty issues | <input type="checkbox"/> Illness |
| <input type="checkbox"/> Academic program: not offered | <input type="checkbox"/> Military deployment/service |
| <input type="checkbox"/> Academic program: not admitted | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Academic goals unclear | <input type="checkbox"/> Relationships |
| <input type="checkbox"/> Employment/Work commitment | <input type="checkbox"/> EOF program policies |
| <input type="checkbox"/> Family situation (did not share details) | <input type="checkbox"/> College policies |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Other |

Please elaborate on the major reason you are withdrawing from The College of New Jersey:

Please read before withdrawing from The College of New Jersey

Withdrawing from The College of New Jersey and the Educational Opportunity Fund program will change your student status. You should consider how this decision may affect you, including but not limited to the loss of the Promise and/or Incentive scholarship. You have discussed your withdrawal from the college with your EOF adviser and/or EOF staff and fully understand how this decision impacts your student status at The College of New Jersey.

Student's Signature: _____ Date: _____

EOF Adviser/Staff: _____ Date: _____

For EOF Office Use Only:

Withdrawal Term: Summer 20__ Fall 20__ Spring 20__

Staff Initials: _____