

Faculty of Arts and Sciences Academic Foundations Center Bradley Hall, 1st Floor 110 Warren Street Newark, New Jersey 07102

EOF PART-TIME FUNDING FORM

Name		Date			
Address					
Street	Apt/Fl.	City	State	Zip	
Home Telephone	Work Telephone				
Social Security Number:		RUID#:			
Requesting funding for (year):	Fall Spr	ing			
Student will graduate (year):	Fall Spr	ing			
Number of credits currently enroll	ed:	-			
Cumulative credits:	Cumulativ	re GPA:			
Reason for part-time funding:					
Student Signature & Date					
COUNSELOR USE ONLY:					
Approved by:		I	Oate:		
Is the student requesting part-time	funding or as a	part-time graduat	ing senior?		
☐ Part-time ☐ Part-time	Graduating Senic	or			