EDUCATIONAL OPPORTUNITY FUND (EOF) NEW JERSEY FINANCIAL AID MANAGEMENT SYSTEM (NJFAMS) EOF CAMPUS PROGRAM UNDERGRADUATE APPROVED AND ELIGIBLE ROSTER PROCESSING REQUEST FORM

Office of the Secretary of Higher Education PO Box 542 Trenton, New Jersey 08625

All documents must be submitted via email to the EOF Central Office. This form may be submitted in either a PDF, MS Word or JPEG image format to all identified individuals below. In addition to this form, programs must submit an electronic copy of your EOF "Approved and Eligible" roster. This roster should include all students with whom you are requesting for the EOF Central Office to move from a "qualified" to "awarded" status within NJFAMS. The EOF "Approved and Eligible" roster must be downloaded from the EOF portal within NJFAMS as a CSV file (Excel document) and must accompany the EOF Award Processing form. The excel document must be reviewed prior to submission and must reflect the accurate demographic and award information for all selected

students. Stude included.	ents who are listed as eithe	er incomplete or under veri	fication within NJFAMS should not be
Certifications	must be received by 12:	:00 pm (EST) on the ident	tified roster processing date.
A copy of the	above described roster	must be e-mailed to the	OSHE/EOF Central Office with this form.
EMAIL TO:	OSHE/EOF	(EOF@oshe.nj.gov)	
Please also co	py your program liaison Dr. Hasani Carter Peter Collazo Hema Patel	(hasani.carter@oshe.r (peter.collazo@oshe.n (hema.patel@oshe.nj.	ıj.gov) gov)
	Dr. Stephanie Shankli	n (<u>stephanie.shanklin@o</u>	oshe.nj.gov)
INSTITUTION: PROGRAM: DATE:			
been reviewed for eligible studito be approved roster meet the the EOF Central	for accuracy, processed in ents are in compliance with as Non-Funded will have a standards of academic pe	accordance with the instruc h the Educational Opportun zero (\$0) dollar amount wi rformance and progress req	ned above, that the submitted roster has ctions provided, and that payments requested ity Fund regulations. Any student requested thin the grant award line. Students on this juired by this institution. Upon approval of responsible for certifying and requesting
(EOF Director – E-Signature)			(Telephone Number)
(EOF Director – Print)		(Date)	
(Financial Aid Director – E-Signature)		(Telephone Number)	
(Financial Aid Director – Print)			(Date)