



**APPLICANT**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Coalition Account ID \_\_\_\_\_

**UNIVERSITY OFFICIAL**

*Please give this form to a University Official (typically a Registrar or Dean with access to both your academic and disciplinary records) to fill out the following two sections*

Institution Name Bergen Community College CEEB 2032

Address 400 Paramus Road

Paramus, NJ 07652

Name of Official \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**SUMMARY**

Dates Attended (mm/yyyy) \_\_\_\_\_ to \_\_\_\_\_

Cumulative GPA \_\_\_\_\_ Scale \_\_\_\_\_

Projected Graduation Date (mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_

Is this student eligible to return to your institution?

Yes  No

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

*Please scan and attach this form to your application, or mail it directly to the admissions office of each college or university that requests one.*