

REQUEST TO SUBSTITUTE MAJOR COURSE REQUIREMENTS

Directions:

- 1.) Include a copy of the course descriptions.
- 2.) Attach a typed letter indicating a reason for the request.
- 3.) Get all appropriate signatures.
- 4.) Submit approved form to the transcript evaluator in Vodra Hall 101.
- 5.) Request an official transcript from the other institution immediately after completing the course(s) and have it sent to:

Transfer Evaluator
New Jersey City University
University Advisement Center
2039 Kennedy Boulevard
Jersey City, New Jersey 07305 - 1597

Current _____

Address: _____

Telephone #: _____

NOTE: Transfer credits will only be granted for grades of C or better. Please return this form to the Transfer Evaluator in the University Advisement Center in Vodra Hall.

1. _____ (LAST NAME) _____ (FIRST NAME) 2. _____ (STUDENT ID#)

3. Have you applied for your major? YES NO If yes, what is your major? _____

<p>4. Course(s) being requested:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">COURSE CATALOG #</td> <td style="width: 40%;">COURSE TITLE</td> <td style="width: 30%;">CREDITS</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	COURSE CATALOG #	COURSE TITLE	CREDITS	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p>5. Area requirement(s) to be substituted:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">COURSE CATALOG #</td> <td style="width: 40%;">COURSE TITLE</td> <td style="width: 30%;">CREDITS</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	COURSE CATALOG #	COURSE TITLE	CREDITS	_____	_____	_____	_____	_____	_____	_____	_____	_____
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6. At what institution will course(s) be taken? NJCU OTHER, please specify: _____

7. Select the semester or session course(s) that will be taken: FALL _____ SPRING _____ SUM I _____ SUM II _____

8. _____ (STUDENT'S SIGNATURE) _____ (DATE)

FOR CHAIRPERSON'S USE ONLY: APPROVED NOT APPROVED RETURNED TO STUDENT; DECISION PENDING ADDITIONAL INFORMATION

Copy to: Evaluator
Student Folder
Student