

University Advisement Center Vodra Hall 201,200,3300

## APPLICATION FOR WAIVER OF MAJOR COURSE REQUIREMENTS

## DIRECTIONS:

1) Complete items 1 through 8.

 Waiver must be approved and signed by your advisor and by the College of Arts and Sciences Dean's Office.

3) Submit approved waiver to the transfer evaluator in Vodra Hall.

4) 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

NOTE: Transfer credit will only be granted for grades of C and above.

			2		
[Last Name]	(First No	ome)		(Student ID)	
Have you applied for your major?	Yes	. No			
If yes, what is your major?					
Course(s) to be taken at other institu	ution		5. Area requirement(s)	to be waived at N	VJCU.
COURSE CATALOG # COURSE TITLE	CREDITS		COURSE CATALOG #	COURSE TITLE	CREDIT
					-
At what institution will course(s) be	taken?				
At what institution will course(s) be During which semester or session?					(YEAR)
During which semester or session?	(FAIL,				(YEAR)
	(FAIL,		MMER)		
During which semester or session?	(FAIL,	SPRING, SUI	MMER)		
During which semester or session?	(FAIL,	SPRING, SUI	MMER)		(DATE)
During which semester or session?	(FAIL,	SPRING, SUI ENT SIGNAT	MMER)		(DATE)
During which semester or session?	(FAIL, (STUD)	SPRING, SUI ENT SIGNAT SOR)	WWERD URE)		(DATE)
During which semester or session?	(FAIL, (STUD)	SPRING, SUI ENT SIGNAT SOR)	MMER)		(DATE)
During which semester or session?	(FAIL, (STUD)	SPRING, SUI ENT SIGNAT SOR)	WWERD URE)		(DATE)
Recommended  Approved  Please return this  R EVALUATOR'S USE ONLY:  Received	(STUDE	SPRING, SUI ENT SIGNAT SOR)	WWERD URE)		(DATE)
Recommended  Approved  Please return this  R EVALUATOR'S USE ONLY:  Received	(FAIL, (STUDE) (ADVIS (DEPAR FORM to the United Cademic advisement)	SPRING, SUI ENT SIGNAT SOR)	WWERD URE)		(DATE)

Copy to: Evaluator Student Folder