

REQUEST TO SUBSTITUTE ELECTIVE COURSES

Directions:	Current	
Include a copy of the course descriptions. Attach a typed letter indicating a reason for the request. Cot all corresponds a identity as	Address:	
 Get all appropriate signatures. Submit approved form to the transcript evaluator in Vodra Hall 101. Request an official transcript from the other institution immediately after completing the course(s) and have it sent to:	 Telephone #: 97	
NOTE: Transfer credits will only be granted for grades of C or better. Pleas Advisement Center in Vodra Hall.	se return this form to the Transfer I	Evaluator in the University
1.	2.	
1(LAST NAME) (FIRST NAME)	2	(STUDENT ID#)
	s, what is your major?	
4. Course(s) being requested: COURSE CATALOG # COURSE TITLE CREDITS ———————————————————————————————————	5. Area requirement(s) to COURSE CATALOG # CO	be substituted: URSE TITLE CREDITS
6. At what institution will course(s) be taken? NJCU OTH		
8(STUDENT'S SIGNATURE)		(DATE)
9. Recommended:(SIGNATURE OF CHAIRPERSON)		(DATE)
FOR DEAN'S OFFICE USE ONLY: APPROVED NOT APPRO		JDENT; DECISION NAL INFORMATION
(DEAN OF ARTS AND SCIENCES/DESIGNEE)		(DATE)
Comments:		
FOR EVALUATOR'S USE ONLY: PROCESSED BY:(UNIVER	RSITY ADVISEMENT CENTER)	(DATE)
TRANSCRIPT(S) RECEIVED:(DATE)		(CREDITS)
(EVALUATOR'S SIGNATURE)		(DATE)

Copy to: Evaluator Student Folder

Student