

## REQUEST TO SUBSTITUTE MAJOR COURSE REQUIREMENTS

| Directions:   | Current                                       |                                     |
|---|---|-------------------------------------|
| <ol> <li>Include a copy of the course descriptions.</li> <li>Attach a typed letter indicating a reason for the request.</li> <li>Get all appropriate signatures.</li> <li>Submit approved form to the transcript evaluator in Vodra Hall 101.</li> <li>Request an official transcript from the other institution immediately after completing the course(s) and have it sent to:</li> </ol> | Address:                                      |                                     |
| Transfer Evaluator<br>New Jersey City University<br>University Advisement Center<br>2039 Kennedy Boulevard<br>Jersey City, New Jersey 07305 - 159   | Telephone #:                                  |                                     |
| NOTE: Transfer credits will only be granted for grades of C or better. Please Advisement Center in Vodra Hall.  | return this form to the Transfer I            | Evaluator in the University         |
| 1(LAST NAME) (FIRST NAME)   | 2   | (STUDENT ID#)                       |
| 3. Have you applied for your major? ☐ YES ☐ NO If yes, v  | what is your major?                           |                                     |
| 4. Course(s) being requested:  COURSE CATALOG # COURSE TITLE CREDITS  | 5. Area requirement(s) to COURSE CATALOG # CO |                                     |
|   |   |                                     |
| 6. At what institution will course(s) be taken? ☐ NJCU ☐ OTHER  | R, 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 APPRO  |   | FUDENT; DECISION<br>NAL INFORMATION |
| (CHAIRPERSON'S SIGNATURE)   | <u> </u>                                      | (DATE)                              |
| Comments:   |   |                                     |
| FOR EVALUATOR'S USE ONLY: PROCESSED BY:(UNIVERS   | ITY ADVISEMENT CENTER)                        | (DATE)                              |
| TRANSCRIPT(S) RECEIVED:   |   | (CDEDITO)                           |
| (DATE)  |   | (CREDITS)                           |
| (EVALUATOR'S SIGNATURE)   |   | (DATE)                              |

Copy to: Evaluator Student Folder

Student