



# REQUEST TO SUBSTITUTE GENERAL STUDIES AREA REQUIREMENTS

**Directions:**

- 1.) Include a copy of the course descriptions.
- 2.) Attach a typed letter indicating a reason for the request.
- 3.) If applicable, for courses taken at a state community college go to New Jersey Transfer at <http://www.njtransfer.org/> to see the course equivalencies.
- 4.) Get all appropriate signatures.
- 5.) Submit approved waiver to the transcript evaluator in Vodra Hall 101.
- 6.) 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? \_\_\_\_\_

4. Course(s) being requested:

COURSE CATALOG #	COURSE TITLE	CREDITS
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Area requirement(s) to be substituted:

COURSE CATALOG #	COURSE TITLE	CREDITS
_____	_____	_____
_____	_____	_____
_____	_____	_____

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)

9. Recommended: \_\_\_\_\_ (ADVISOR'S SIGNATURE)      \_\_\_\_\_ (DATE)

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

\_\_\_\_\_ (DEAN OF ARTS AND SCIENCES/DESIGNEE)      \_\_\_\_\_ (DATE)

Comments: \_\_\_\_\_

FOR EVALUATOR'S USE ONLY: PROCESSED BY: \_\_\_\_\_ (UNIVERSITY ADVISEMENT CENTER)      \_\_\_\_\_ (DATE)

TRANSCRIPT(S) RECEIVED: \_\_\_\_\_ (DATE)      \_\_\_\_\_ (CREDITS)

\_\_\_\_\_ (EVALUATOR'S SIGNATURE)      \_\_\_\_\_ (DATE)

Copy to: Evaluator  
Student Folder  
Student