Transfer Course Departmental Evaluation Form

Name: ________________________________

Last                      First                     Middle Initial

RUID: ________________________________ Date: ________________________________

E-mail address: ________________________________ Class Year: ________________________________

Course Name: ________________________________ College/University: ________________________________

Semester/Term: ______________ Year: ______________ Credits Earned: ______________ Grade: ______________

I am submitting the following for review: Syllabus Course Description

Departmental Evaluation

Departmental Adviser or Chair (Please Print): ________________________________

Department: ________________________________ Signature: ________________________________ Date: ________________________________

Please check one:

_____ This course is equivalent to the following Rutgers-NB course: ________________________________

_____ This course should count as a major elective in my department, and should be given the transfer equivalent code 01:_____ :MAJ. (enter your department code)

_____ This course should count as a general elective in my department, and should be given the transfer equivalent code 01:_____ :EC. (enter your department code)

_____ This course should be given elective credit only. It should not count as a course for my department, and will be given the transfer equivalent course code TR:T33:EC.

_____ This course is NOT transferable and will not be granted credit by my department.

OFFICE OF UNDERGRADUATE PROGRAMS APPROVAL

Approval Signature: ________________________________ Date of Approval: ________________________________