Transfer Course Departmental Evaluation Form

Name: ___________________________ Last Name _______________________
  First Name _______________________
  Middle Initial ____________________

RUID: ___________________________ Official Rutgers Email ONLY: ___________________________

Declared Graduation Date (month/year): ___________________________

Please note: This form is not to be used for New Jersey Community College Courses.

Course Name and Number: ___________________________ College/University: ___________________________

Semester: ___________________________ Year: ___________________________

Credits Earned: ___________________________ Grade: ___________________________

I am submitting the following for review: ___________________________

  [ ] Syllabus
  [ ] Lab Syllabus
  [ ] Course Description

Departmental Evaluation

Departmental Adviser or Chair (please print): ___________________________

Department: ___________________________

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:T01:EC.

[ ] This course is not transferable.

Approval Signature: ___________________________ Date: ___________________________

DEAN’S OFFICE USE ONLY

Rev 12/15