

Transfer Course Departmental Evaluation Form

Name: _____
Last First 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