# Transfer Course Departmental Evaluation Form

Name: ____________________________  ____________________________  ____________________________  
Last  First  Middle Initial

RUID: ____________________________  Official Rutgers Email ONLY: ____________________________

Declared Graduation Date (month/year): ____________________________

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

<table>
<thead>
<tr>
<th>Course Name and Number</th>
<th>College/University</th>
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<tr>
<th>Semester</th>
<th>Year</th>
<th>Credits Earned</th>
<th>Grade</th>
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I am submitting the following for review:  

- _____ Syllabus  
- _____ Lab Syllabus  
- _____ Course Description

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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  
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