

## Office of Advising & Academic Services

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## **SAS Advising Locations**

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## **Transfer Course Departmental Evaluation Form**

Name:			
Last		First	Middle
RUID:	RU Email:		
Please note:	This form is not to be used	for New Jersey Commun	nity College
		,	,
Course Name	Course Number	College/University	
Semester Taken	Year Taken	Credits Earned	Grade Earned
I am submitting the following for review:		Syllabus	Course Description
Departmental Evaluation			
Department Advisor or Chair (place print)			
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	

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