The College of New Jersey
Office of Records & Registration
P.O. Box 7718, Ewing, NJ 08628-0718 609-771-2141

## GRADUATE COURSE AUTHORIZATION FORM

| Last               | ie:<br>Fir      |                       | rst                     |                         | M.I.   | ID#: (6 digit PAWS ID)   |    |
|--------------------|-----------------|-----------------------|-------------------------|-------------------------|--|--|----|
| PHONE: EMAIL:      |                 |                       |                         | MAJOR:                  |  |  |    |
| ADDRES<br>Street   | SS:             |                       | City                    |                         |  | State Zip  |    |
|                    | course may      | not be repeated for o | •                       |                         |  | State Zip  |    |
| CIRCLE ONE: SUMMER |                 |                       | FALL                    | SPRING                  |  | YEAR:  |    |
| SECTION            | <u>11.</u> MUST | BE COMPLETED          | BY THE STUDENT          | Γ.                      |  |  |    |
| AUTHOR             | IZATION FO      | OR COURSE TRAN        | NSFER FROM:             |                         |  |  | _  |
| DEGREE GODE        |                 |                       |                         | (Name of Institution(s) |  |  |    |
| DEGREE             | CODE:           |                       |                         | YEAR OF ENTRY AT TCNJ:  |  |  |    |
| CUM. GPA           | A:              |                       | NUMBER CREDIT           | ΓS TRANSI               | FERRED TO  | TCNJ TO DATE*  | -  |
|                    |                 | Authorized from Se    |                         |                         | TCNJ Equivalent Course that is being Substituted |  |    |
| Course #           | C               | ourse Title           | Institution             | Credits                 | Course #   | Course Title   |    |
|                    |                 |                       |                         |                         |  |  |    |
|                    |                 |                       |                         |                         |  |  |    |
|                    |                 |                       |                         |                         |  |  |    |
|                    |                 |                       |                         |                         |  |  |    |
|                    |                 |                       |                         |                         |  |  |    |
|                    |                 |                       |                         |                         |  |  |    |
| I verify th        | at the above    | e information is cor  | rect and complete:      |                         |  |  |    |
| Signature          | :               |                       |                         |                         |  | Date:  |    |
|                    |                 | y apply at matricula  | tion for transfer of gr | aduate credi            |  | to their programs. A maximum of six (6)  | 5) |
| graduate ci        | redits may be   | e transferred for deg | ree programs with les   | s than forty-           | -five (45) cred                                  | lits. For graduate programs having fort  | y- |
|                    |                 |                       |                         |                         |  | nust be approved both by the institution not duplicate any graduate or               |    |
|                    |                 |                       |                         |                         |  | anot apply for another academic degree   | at |
| any other i        | nstitution.     |                       |                         |                         | ·  |  |    |
|                    |                 |                       |                         |                         |  | ors before enrolling in graduate courses   |    |
|                    |                 |                       |                         |                         |  | Official transcripts sent directly from the ion, the student may also be required to |    |
|                    |                 |                       | s) and a description of |                         |  |  |    |
| SECTION            |                 |                       |                         |                         |  |  |    |
|                    |                 | ORDINATOR'S O         |                         |                         |  |  |    |
|                    |                 | eviewed:`             |                         |                         |  |  |    |
|                    | •               |                       |                         |                         |  |  |    |
|                    |                 | Approv                |                         |                         |  | Non-Approval   |    |
| Graduate C         | Coordinator's   | s Signature:          |                         |                         |  | _ Date:  | _  |
|                    |                 | REGISTRATION O        |                         | lourgo tron -f          | on not comme                                     | ad   |    |
| Course trai        | usiei approvi   | ed                    | C                       | ourse transi            | er not approv                                    | ed   |    |
|                    | _               | /Graduate Evaluation  | on:                     |                         |  |  | _  |
| Revised 9/         | 2012            |                       |                         |                         |  |  |    |