

## REQUEST TO SUBSTITUTE

## **ELECTIVE COURSES**

This substitution form is for all students entering NJCU in Fall 2016 or later and non-transfer students entering in Fall 2015 or later. All students requesting to substitute a course from another institution for an elective must submit this form and supporting documentation to the College of Arts and Sciences Dean's Office located in Karnoutsos Hall - Room 605 for review.

## **Directions:**

- 1.) Attach a typed letter and provide an explanation of the course(s) being requested to use as an elective(s) and the reason for the request.
- 2.) Include a copy of the course description.
- 3.) Get all appropriate signatures.
- 4.) If the student plans to take the course at another institution, the student must:
  - a. Receive approval prior to enrolling in the course outside of NJCU.
  - b. Submit the approved substitution form to the Transfer Resource Center.
  - c. Transfer credits will only be granted for courses at the college level (100+) and with grades of C or better.

	Transfer Resource Center New Jersey City University 2039 Kennedy Boulevard Jersey City, New Jersey 07305 – 1597	FOR EVALUATOR'S USE ONLY:  DATE TRANSCRIPT(S) RECEIVED:  PROCESSED BY:				
1.	(Last Name) (First Name)		2(Gothic ID)			
3.	(Home Address, City, State & Zip code)		4(Phone Number Home/Cell)			
4.	(NJCU/Personal Email Address)		5(Major/Minor/Intended Major)			
6.	Course(s) being requested: Course Catalog # Course Title Credits		7. Elective to be substitute Course Catalog #	ed: Course Title	Credits	
7.	At what institution will course(s) be taken?NJO	  CU Other,	please specify:			
8.						
9.	(Student's Signature) (Date)	10	(Advisor's Signature)	(Date)	(Email address)	
FO	R DEAN'S USE ONLY: APPROVED NO	OT APPROVED	RETURNED TO S'	TUDENT (Pendi	ng additional information)	
	AN OF ARTS AND SCIENCES/DESIGNEE) (DATE)  DMMENTS:		(PROCESSED BY)	(DATE)	(WAIVER #)	