

## STUDENT REQUEST FOR TRANSFER CREDIT

University/College where courses were taken	Course No. and full Title of Course	Number of Credits	Equivalent NJCU Department, Course Title and No.	Number of Credits

**Please complete form in its entirety and submit all of the items to the Graduate Office Hepburn Hall 206.**

1. **Official transcript(s)** must be forwarded from the sending institution to NJCU; **unofficial copies** are not acceptable;
2. **Course description** for each course that is being reviewed is **required**;
3. You **MUST list the equivalent** course from NJCU that you believe may be applied as an elective or as a requirement;
4. You will receive verification of your request after it has been reviewed by the Chairperson of your department.

*Partial submissions will not be accepted or reviewed.*

Name \_\_\_\_\_ (Other) \_\_\_\_\_ Last 4 digits of SS # \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_ Email address \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Student comments: