

REQUEST TO SUBSTITUTE

MINOR COURSE REQUIREMENT

This substitution form is for all students requesting to substitute a course for a Minor requirement. The student must submit this form and supporting documentation to the Minor Department Chair for review.

Directions:

- 1.) Attach a typed letter and provide an explanation of the course(s) being requested to use as a substitute(s) and the reason for the request.
- 2.) Include a copy of the course description.

Copy to: Student Email, Advisor Email, Other: _

- 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 Recourse Center	FOR EVALU	JATOR'S USE ONLY:			
	New Jersey City University University Advisement Center	DATE TRANSCRIPT(S) RECEIVED: CRI PROCESSED BY: DA WAIVER#		CREDITS	S:	
	2039 Kennedy Boulevard				DATE:	
	Jersey City, New Jersey 07305 – 1597					
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
1.	(Last Name) (First Nam		2	2(Gothic ID)		
	(Last Name) (Prist Nam	<i>c)</i>		(Goulle 1D)		
3.	(Home Address, City, State & Zip code)			na Numbar Homa/Ca		
	(Home Address, City, State & Zip Code)	(Home Address, City, State & Zip code)		(Phone Number Home/Cell)		
4.	(NJCU/Personal Email Address)		5	(Major/Minor)		
			•			
6.	ourse(s) being requested: ourse Catalog # Course Title Credits		7. Minor Requirements to be substituted: Course Catalog# Course Title Credits			
	At what institution will course(s) be taken?NJo	CU Otl	ner, please specify:			
7.	· · · · · · · · · · · · · · · · · · ·		If not, what semester will course(s) be taken			
7. 8.		ation?(Yes/No		l course(s) be taken_		
	Is the course(s) listed on your Transfer Credit Evalu		0)	l course(s) be taken_ (Date)		
8. 9.	Is the course(s) listed on your Transfer Credit Evalue (Student's Signature) (Date)	(Yes/No 10	(Advisor's Signature)	(Date)	(Email address)	
8. 9.	Is the course(s) listed on your Transfer Credit Evalu	(Yes/No 10	(Advisor's Signature)	(Date)	(Email address)	
8. 9. FO	Is the course(s) listed on your Transfer Credit Evalu (Student's Signature) (Date) R CHAIR'S USE ONLY: APPROVED N	(Yes/No 10	(Advisor's Signature)	(Date)	(Email address)	
8. 9. FO	Is the course(s) listed on your Transfer Credit Evalue (Student's Signature) (Date) R CHAIR'S USE ONLY: APPROVED Note that the course of the cou	(Yes/No 10	(Advisor's Signature)	(Date)	(Email address)	
8. 9. FO	Is the course(s) listed on your Transfer Credit Evalu (Student's Signature) (Date) R CHAIR'S USE ONLY: APPROVED N	(Yes/No 10	(Advisor's Signature)	(Date)	(Email address)	