REQUEST TO SUBSTITUTE GENERAL EDUCATION REQUIREMENT

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 for a General Education requirement 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.

1.) Attach a typed letter and include the following information:
   a. An explanation of the course(s) being requested to use as a substitute(s) and the reason for the request.
   b. Indicate the Area or Tier and Mode of Inquiry the requested course(s) falls under. *Additional Information can be found at http://www.njcu.edu/department/general-education*

2.) Include a copy of the course syllabus or a copy of the course description.

3.) If applicable, provide a print out of course equivalencies for courses taken at a state community college which can be found at New Jersey Transfer at http://www.njtransfer.org/.

4.) Complete form and get all appropriate signatures.

5.) 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.
   d. Request an official transcript from the other institution immediately after completing the course(s) and have it sent to:

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: _____ CREDITS: _____

PROCESSED BY: _____ DATE: _____

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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. General Education Requirements to be substituted:

Mode of Inquiry/Area	Tier	Credits

7. At what institution will course(s) be taken? ____NJCU ____ Other, please specify: _____

8. Is the course(s) listed on your Transfer Credit Evaluation? _____ If not, what semester will course(s) be taken_____
(Yes/No**)**

9. _____ (Student's Signature) (Date)

10. _____ (Advisor's Signature) (Date) (Email address)

FOR DEAN'S USE ONLY: _____ APPROVED _____ NOT APPROVED _____ RETURNED TO STUDENT (Pending additional information)

_____ (DEAN OF ARTS AND SCIENCES/DESIGNEE) (DATE)

_____ (PROCESSED BY) (DATE) (WAIVER #)

COMMENTS: _____

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Copy to: Student Email, Advisor Email, Other: **Prepared by. S. Roman 1/17**