



REQUEST TO SUBSTITUTE ELECTIVE COURSES

Directions:

1. Include a copy of the course descriptions
2. Attach a typed letter indicating a reason for the request.
3. Get all appropriate signatures
4. Submit approved form to the transcript evaluator in Vodra Hall 101.
5. Request an official transcript from the other institution immediately after completing the course(s) and have it sent to:

**Transfer Evaluator
New Jersey City University
University Advisement Center
2039 Kennedy Boulevard
Jersey City, New Jersey 07305 - 1597**

Current _____

Address: _____

Telephone #: () _____ - _____

NOTE: Transfer credits will only be granted for grades of C or better. Please return this form to the Transfer Evaluator in the University Advisement Center in Vodra Hall.

1. _____ 2. _____
LAST NAME FIRST NAME STUDENT ID #

3. Have you applied for your major? ☐ YES ☐ NO If yes, what is your major? _____

4. Course(s) being requested:

COURSE CATALOG # COURSE TITLE CREDITS

Area requirement(s) to be substituted:

COURSE CATALOG # COURSE TITLE CREDITS

6. At what institution will course(s) be taken? ☐ NJCU ☐ OTHER, please specify: _____

7. Select the semester or session course(s) that will be taken: FALL _____ SPRING _____ SUM I _____ SUM II _____

8. _____
STUDENT SIGNATURE DATE

9. Recommended: _____
SIGNATURE OF CHAIRPERSON DATE

FOR DEAN'S OFFICE'S USE ONLY: ☐ APPROVED ☐ NOT APPROVED ☐ RETURNED TO STUDENT; DECISION
PENDING ADDITIONAL INFORMATION

DEAN OF ARTS AND SCIENCES DATE

Comments: _____

FOR EVALUATOR'S USE ONLY: Processed By: _____
UNIVERSITY ADVISEMENT CENTER DATE

TRANSCRIPT(S) RECEIVED: _____
DATE CREDITS

EVALUATOR'S SIGNATURE DATE

Copy to: Evaluator
Student Folder
Student