

## The College of New Jersey Office of Records and Registration P.O. Box 7718, Ewing, NJ 08625-0718

Phone: (609)771-2141 Fax: (609)637-5184

## **COURSE AUTHORIZATION FORM**

Last Na	ame:		First Nam	e:	MI:	PAWS ID:	
Phone:	TCN	E-Mail:		Ma	ijor		
	er course will be taken: WINT		<b>NT</b> ] SPRING	☐ FALL ☐ SUMM	MER 🗌 YEA	AR	
Authori	ization for registration at:						
	cation/Academic Year:	SOPHOM	ORE	JUNIOR SENIOR  Transferred to TCNJ to		(City, State) HER	
Cumun	ative Gi 7t.			num transferable credit from			
	Authorized at Sending Institution		TCNJ	Equivalent Course			
Course #	<u>Course Title</u>	<u>Units</u>	Course #	<u>Course Title</u>	<u>Units</u>	Department Approval*	
verify tha	t the above information is correct and	complete	:				_
department seeking app Section 2: <b>F</b> ( 2)  on ac College of N	proval from the student's major and/or mi s require grades higher than a "C" for such	nor departr courses to I above is h of this auth t the cumu	be transferred; ereby authoriz orization. Cred lative average.	ed to enroll for the course(s) li it for completion of these cou Transfer courses cannot be us	ninimum acceptable of sted above. He/she is rses will be applied to sed for cumulative ad	grade with his/her department when  (1) in good standing;  bward the indicated requirements at The  ljustments. The students must reques	it
NOTE: Gradu	ating of approved credits on his/her TCNJ transcreating Seniors are advised that taking courses t 7 working days prior to graduation.		school during th	ne last semester may delay posti	ng of the degree unless	s an official transcript is received by this	