## The College of New Jersey Office of Records & Registration

Office of Records & Registration P.O. Box 7718, Ewing, NJ 08628-0718 609-771-2141

## GRADUATE COURSE AUTHORIZATION FORM

NAME:						
		— PAV	PAWS ID #:			
Last	First	M.I.				
PHONE: TCNJ EMAIL:			MAJ	MAJOR:		
Address:		0.1				
Street:	urse may not be repeated for c	Cit	ty:		State: Zip:	
CIRCLE ONI	*	FALL	CDI	DINC	VEAD	
			SPF	RING	YEAR	
SECTION 1.	MUST BE COMPLETED BY	Y THE STUDENT.				
AUTHORIZA	ATION FOR COURSE TRAN	SFER FROM		(Na		
				(Nam	ne of Institution(s)	
DEGREE CODE			YEA	YEAR OF ENTRY AT TCNJ		
CUM. GPA		NUMBER CREDITS	S TRANSI	FERRED T	ГО TCNJ TO DATE*	
	Course Authorized from Ser	nding Institution		TCNJ	Equivalent Course that is being Substituted	
Course #	Course Title	Institution	Credits	Course	# Course Title	
I verify that th	ne above information is correc	t and complete:				
(Signature)	ay annly at matriculation for tr	(Address)	dita annlia	bla to the	(Telephone) ir programs. A maximum of six (6) graduat	
					For graduate programs having forty-five (45)	
					e approved both by the institution within the	
					icate any graduate or undergraduate work other academic degree at any other	
institution.						
					inators before enrolling in graduate courses have Official transcripts sent directly	
from the Inst	itution to the Office of Reco	rds & Registration. A	At the Gra	duate Coo	rdinator's discretion, the student may also be	
required to pro SECTION 2.	ovide them with a copy of the	transcript(s) and a des	cription of	the course	e(s) being transferred.	
	JATE COORDINATOR'S ON	NLY:				
	ccript(s) reviewed:Yiption(s) reviewed:Y					
Recommenda	tion for: Approva	al			Non-Approval	
Graduate Coordinator's Signature:				Date:		
FOR RECOR	DS AND REGISTRATION C	ONLY:				
Course transfer approved Course transfer not approved						
Records & Re	egistration/Graduate Evaluation	n:				