The College of New Jersey Office of Records and Registration P.O. Box 7718, Ewing, NJ 08628-0718

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

COURSE AUTHORIZATION FORM

Last Na	me:		First Name:		MI:	PAWS ID:	
Phone:	Т	CNJ E-Mail:		M	ajor		
Section	1: MUST BE COMPLETED BY	THE STUDEN	IT				
Semest	er course will be taken: 🔲 W	/INTER	SPRING [FALL SUM	MER YE	AR	_
Authori	zation for registration at:						
			(Nar	me of College)		(City, State)	
Classific	cation/Academic Year:	SOPHOMO	DREJU	JNIOR _ SENIOR	С	HER	
Cumulative GPA: Number of Units Transferred to TCNJ to Date:							
				ım transferable credit from	n two-year colleges.)		
Course Authorized at Sending Institution TCNJ Equivalent Course							Lv
Course #	<u>Course Title</u>	<u>Units</u>	Course #	<u>Course Title</u>	<u>Units</u>	<u>Department Appr</u>	<u>oval*</u>
Please note	: Online courses will not be accepted	for natural scien	ce with a lab. Se	cond language courses ald	ong with FYW 102 cou	rses must be taken at TCNJ	
verify that	the above information is correct and c	complete:					
	proval from the student's major and/o s require grades higher than a "C" for s	or minor departn					
) on accollege of Notes that the REC	OR OFFICE USE ONLY. The student nat rademic warning/probation, as of the collew Jersey, but grades earned will not a GISTRAR FROM THE SENDING INSTIL sting of approved credits on his/her TCNJ tr	date of this author affect the cumul UTION SEND AN	orization. Credit f ative average. Tr	for completion of these co ansfer courses cannot be (urses will be applied to used for cumulative ac	oward the indicated requirem justments. The students mu s	st request
	uating Seniors are advised that taking cou t 7 working days prior to graduation.	urses at another s	chool during the l	ast semester may delay pos	ting of the degree unles	s an official transcript is received	by this
Academic	Evaluator, Office of Records and Regis	tration				Date:	