

The College of New Jersey

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

TCNJ STUDY CENTER/DOMESTIC OFF CAMPUS ACADEMIC EVALUATION FORM

NAME: Last First M.I.	ID #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (6 digit PAWS ID#)
PHONE: EMAIL:	MAJOR:
YEAR IN SCHOOL:	GPA PRIOR TO EXCHANGE:
PROGRAM:	
TERM: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input style="width: 50px;" type="text"/> Year	

HOST INSTITUTION:

THE COLLEGE OF NEW JERSEY:

COURSE #	TITLE	COURSE#	TITLE	REQUIREMENT (major, minor, Honors, LL, elective)	*DEPARTMENT APPROVAL
List intended courses to be taken at host institution. Feel free to list acceptable alternatives.		Indicate transfer equivalent for each course and how this course will be applied to your degree. <i>*Major and Minor requirements must be approved by the appropriate Department Chairperson; Honors courses by the Honors Coordinator (Green Hall 109); Language courses by the Chairperson of World Languages & Cultures (Bliss Hall 328) and Liberal Learning and Elective courses by an Academic Evaluator in the Office of Records and Registration (Green Hall 112).</i>			

IMPORTANT: Please note the following:

- All courses and grades for TCNJ Study Center and Domestic Off Campus programs will be entered on transcript and computed into the GPA.
- This form must be completed during the semester *BEFORE* studying off campus.

By signing this form, I understand that it is my responsibility to adequately plan my academic course load while away from TCNJ to ensure that I am earning sufficient credits toward my degree.

Student's Signature Date