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

TCNJ STUDY CENTER/ DOMESTIC OFF-CAMPUS ACADEMIC EVALUATION FORM

Last Name: _____ First Name: _____ MI: _____ PAWS ID: _____

Phone: _____ TCNJ E-Mail: _____ Major _____

Year in School: _____ Cumulative GPA Prior to Exchange _____

Program: _____
(Name of Center)

Term: ☐ WINTER ☐ SPRING ☐ FALL ☐ SUMMER ☐ YEAR _____

Host Institution:		**The College of New Jersey**			
List intended courses to be taken at host institution. Feel free to list acceptable alternatives.		**Indicate transfer equivalent for each course below and how this course will be applied to your degree.** ***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 and Cultures (Bliss Hall 328); **Liberal Learning** and **Elective** courses by an Academic Evaluator in the Office of Records and Registration (Green Hall 112).*			
Course #	Course Title	Course #	Course Title	Requirement (major, minor, LL, elective)	Department Approval*

IMPORTANT: Please note the following

-Courses not on the TCNJ Study Center approved list must be reviewed and approved by the appropriate Department Chairperson.

-All courses and grades for TCNJ Study Center and Domestic Off-Campus programs will be entered on the TCNJ 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 Signature: _____ Date: _____