

The College of New Jersey
Office of Records and Registration
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**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 TCNJ course equivalent below (see TCNJ Study Center pre-approved course listing) 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 and Cultures (Bliss Hall 328); College Core or Elective courses by an Academic Evaluator in the Office of Records and Registration (Green Hall 112).</i>			
Course #	Course Title	Course #	Course Title	Requirement (Major, Minor, CC, Honors, 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: