

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
 recreg@tcnj.edu

**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).			
<u>Course #</u>	<u>Course Title</u>	<u>Course #</u>	<u>Course Title</u>	<u>Requirement</u> (major, minor, LL, elective)	<u>Department Approval*</u>

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: