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

GRADUATE COURSE AUTHORIZATION FORM

<table>
<thead>
<tr>
<th>NAME:</th>
<th>PAWS ID #:</th>
<th>□□□□□□</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
<td>M.I.</td>
</tr>
</tbody>
</table>

PHONE: TCNJ EMAIL: MAJOR:

Address:

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

NOTE: A course may not be repeated for credit.

CIRCLE ONE: SUMMER FALL WINTER SPRING YEAR

SECTION 1. MUST BE COMPLETED BY THE STUDENT.

AUTHORIZATION FOR COURSE TRANSFER FROM

(Name of Institution(s))

DEGREE CODE ________________ YEAR OF ENTRY AT TCNJ ________________

CUM. GPA ________________ NUMBER CREDITS TRANSFERRED TO TCNJ TO DATE*

<table>
<thead>
<tr>
<th>Course Authorized from Sending Institution</th>
<th>TCNJ Equivalent Course that is being Substituted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course #</td>
<td>Course Title</td>
</tr>
<tr>
<td>----------</td>
<td>--------------</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I verify that the above information is correct and complete:

(Signature) (Address) (Telephone)

* Students may apply at matriculation for transfer of graduate credits applicable to their programs. A maximum of twelve (12) graduate credits may be transferred. All transfer work must be approved both by the institution within the last six years with a grade of B or higher to be eligible for approval. They cannot duplicate any graduate or undergraduate work for which credit has been given at The College of New Jersey and cannot apply for another academic degree at any other institution.

Matriculated students must obtain written approval from their graduate coordinators before enrolling in graduate courses that are to be transferred for credit to this college. It is the student’s responsibility to have Official transcripts sent directly from the Institution to the Office of Records & Registration. At the Graduate Coordinator’s discretion, the student may also be required to provide them with a copy of the transcript(s) and a description of the course(s) being transferred.

SECTION 2.

FOR GRADUATE COORDINATOR’S ONLY:

Official Transcript(s) reviewed: _______ Yes _______ No

Course Description(s) reviewed: _______ Yes _______ No

Recommendation for: _______ Approval _______ Non-Approval

Graduate Coordinator’s Signature: Date:

FOR RECORDS AND REGISTRATION ONLY:

Course transfer approved _______ Course transfer not approved _______