Transfer Course Departmental Evaluation Form

Name: ________________________________
Last       First       Middle Initial

RUID: ________________________________ Date: ________________________________

E-mail address: __________________________ Class (Month/Year): __________________

Current Degree Requirements (check one): __ Douglass College __ Rutgers College
__ SAS __ Livingston College __ University College

Course Name ___________________________ College/University ___________________________

Semester _______ Year _______ Credits Earned _______ Grade _______

I am submitting the following for review: _____ Syllabus

_____ Course Description

Departmental Evaluation

Departmental Adviser or Chair __________________________ Department __________________________ Date ____________________

Please check one:

_____ This course is equivalent to the following Rutgers-NB course: ___________________________

_____ This course should count as a major elective in my department, and should be
given the transfer equivalent code 01:_____:MAJ. (enter your department code)

_____ This course should count as a general elective in my department, and should be given the
transfer equivalent code 01:_____:EC. (enter your department code)

_____ This course should be given elective credit only. It should not count as a course for my
department, and will be given the transfer equivalent course code TR:T01:EC.

DEAN’S OFFICE APPROVAL

Approval Signature: __________________________ Date of Approval: __________________________