

Transfer Course Departmental Evaluation Form

Name: _____
Last First Middle Initial

RUID: _____ Date: _____

E-mail address: _____ Class (Month/Year): _____

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

_____ College/University
Course Name

_____ Semester Year Credits Earned Grade

I am submitting the following for review: _____ Syllabus
 _____ Course Description

Departmental Evaluation

_____ Department Date
Departmental Adviser or Chair

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: _____