RUTGERS
School of Arts and Sciences

Office of Academic Services
School of Arts and Sciences
Rutgers, The State University of New Jersey
54 Joyce Kilmer Avenue
Piscataway, NJ 08854-8040

SAS Advising Centers
Busch Student Center, Rm. 172, BC
Milledoler Hall, Rm. 103, CAC
Ruth Adams Building, Rm. 103, DC
Lucy Stone Hall, Rm. A-216, LC

sasundergrad.rutgers.edu
transfers@sas.rutgers.edu

p. 848-932-8866
f. 732-445-2175

Transfer Course Departmental Evaluation Form

Name: _____
First Middle Last

RUID: _____ **Official Rutgers Email ONLY**: _____

Declared Graduation Date (month/year): _____

Please note: This form is not to be used for New Jersey Community College Courses.

_____ _____
Course Name and Number College/University

_____ _____
Semester Year Credits Earned Grade

I am submitting the following for review: ☐ Syllabus ☐ Lab Syllabus

☐ Course Description

Departmental Evaluation

_____ _____
Departmental Adviser or Chair (please print) Department

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.

_____ This course is not transferable.

_____ _____
Approval Signature Date

DEAN'S OFFICE USE ONLY