OFFICE OF GRADUATE STUDIES

# PRIOR APPROVAL REQUEST FORM FOR CREDITS TO BE TAKEN

To complete this form for courses to be taken at another accredited institution of higher education, **submit a copy of the Course Catalog description** to the Office of Graduate Studies, Fenster Hall, Suite 140, 323 Dr. M. L. King, Jr. Blvd., Newark, New Jersey 07102-1982. To complete the transfer process, a **FINAL OFFICIAL TRANSCRIPT** must be submitted to Graduate Studies upon completion of the course. For the complete policy, please refer to the Office of Graduate Studies website.

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|---|---|
| **Name** _____ Last First | **Date of Request** _____ |
| **Phone #** _____ | **NJIT ID #** _____ |
| **UCID / NJIT E-mail** _____ | **Program** _____ |
| **Date of Entry** **Spring 20___** **Fall 20___** | **Degree Level** **MS** ☐ **PhD** ☐ |

**TRANSFER CREDIT POLICY:** Up to nine graduate credits may be transferred provided that they are from an accredited college or university in the United States or Canada, were not used in fulfillment of a previous degree, earned a final grade of B (3.0) or above on a scale whose maximum is 4.0, were in units of at least three semester credits, and were not earned more than seven years ago. Credits earned in quarter systems will be converted to equivalent semester credits. Students on F-1 visa must first consult with the Global Initiatives Office.

| ORIGINAL ID NUMBER OF COURSE | ORIGINAL COURSE TITLE | COLLEGE OR UNIVERSITY | SEM / YEAR | GRADE | CREDITS EARNED | EQUIV. NJIT COURSE NO. | ACCEPTED OR REJECTED |
|---|---|---|---|---|---|---|---|
| CHEM 6301 (sample) | ORGANIC CHEMISTRY (sample) | SETON HALL UNIVERSITY (sample) | FALL 2014 (sample) | To be entered upon course completion | | CHEM 605 (sample) | **Advisor to check one** |
| | | | | | | | ☐ACCEPTED ☐ REJECTED |
| | | | | | | | ☐ACCEPTED ☐ REJECTED |
| | | | | | | | ☐ACCEPTED ☐ REJECTED |

## GRADUATE PROGRAM ADVISOR APPROVAL

_____ Name _____ Signature _____ Date

_____ E-mail _____ Phone No.

☐ **If rejected, provide reason:** _____

_____

## GRADUATE STUDIES OFFICE APPROVAL

(to be signed AFTER successful course completion)

GSO Signature Date

| NJIT COURSE NUMBER | CREDITS |
|---|---|
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## REGISTRAR OFFICE ACTION

Registrar Signature Date

| NJIT COURSE NUMBER | CREDITS |
|---|---|
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| | |
| | |
| **Student's Record has been amended** | |

☐ Banner SPACMNT ☐ Tracked ☐ Scanned