## The College of New Jersey Office of Records and Registration P.O. Box 7718, Ewing, NJ 08628-0718

Phone: (609)771-2141 Fax: (609)637-5184

## **COURSE AUTHORIZATION FORM**

Last Na	ime:		First Name:		MI:	PAWS ID:
Phone:		TCNJ E-Mail:		Major		
Section	1: MUST BE COMPLETED I	BY THE STUDEN	IT			
Semest	er course will be taken:	WINTER	SPRING	FALL SUMMER	☐ YEA	\R
Author	ization for registration at:					
			(Name	of College)		(City, State)
Classific	cation/Academic Year:	SOPHOM	DRE JUNI	OR SENIOR	□ ОТН	HER
Cumula	ative GPA:			nsferred to TCNJ to Date		
	A .l			ransferable credit from two-ye	ear Colleges.)	
Course #	Authorized at Sending Inst	tution Units	Course #	valent Course Course Title	<u>Units</u>	Department Approval*
Course #	<u>course ritte</u>	Offics	Course #	<u>Course ritte</u>	Offics	<u>Берантнент Арргочаг</u>
PLEASE I	NOTE: ONLINE COURSES W	VILL NOT BE AC	CEPTED FOR NA	TURAL SCIENCE WITH	A LAB.	1
l verify tha	t the above information is corr	ect and complete				
G. 1 . G.						
	proval from the student's major ar s require grades higher than a "C"	nd/or minor departn				and/or minor requirement(s). Most grade with his/her department when
2) on ac College of N that the RE	lew Jersey, but grades earned will	the date of this authors and the community of the communi	orization. Credit for cative average. Trans	completion of these courses w fer courses cannot be used for	ill be applied to cumulative ad	s (1) in good standing; oward the indicated requirements at The ljustments. <b>The students must request tion.</b> It is the student's responsibility to follow
	uating Seniors are advised that taking t 7 working days prior to graduation.	-	chool during the last :	semester may delay posting of tl	ne degree unless	s an official transcript is received by this
Academic	Evaluator Office of Records and R	Pagistration				5.