## The College of New Jersey Office of Records & Registration

Office of Records & Registration P.O. Box 7718, Ewing, NJ 08628-0718 609-771-2141

## INTERNATIONAL/NATIONAL EXCHANGE ACADEMIC EVALUATION FORM

NAME:	Last	First	M.I.	ID#:	(6 digit PAWS	
PHONE:	EMAIL:			MAJOR:		
YEAR II	N SCHOOL:			GPA PRIOR TO EXCHANGE:		
HOST IN	NSTITUTION:	Н		HOST	HOST COUNTRY:	
	TERM:	Fall	Spring Su	mmer	Year	
	STITUTION:				LEGE OF NEW JERS	
	es to be taken at host institution. ptable alternatives.	Indicate transfer equivalent for each course and how this course will be applied to your degree. Major an Minor requirements must be approved by the appropriate Department Chairperson; Liberal Learning requirements and Elective courses by an Academic Evaluator in the Office of Records and Registration (Green Hall 112).				
COURSE #	TITLE	COURSE#	TITLE		REQUIREMENT (major, minor, LL, elective)	SIGNATURE
					,	
<ul> <li>All corcompute</li> <li>Credits</li></ul>	T: Please note the following urses and grades for National Stated into the GPA. Is earned abroad will count towar earned grades of "C" or higher stan official transcript of all woranscripts directly to: Academic 17, NJ 08628-0718.	rd total earned howill be awarded or completed BE Evaluations, Off the semester BEF6	ours at TCNJ. However the state of the state	er, the grassitution. gistration, apus.	ades will <u>not</u> be compute  The College of New Jers	ed into the GPA. ( <i>Note:</i> sey, PO Box 7718,
of cred	receipt of your transcript from y dits awarded, and post these creat; therefore 60 contact hours a	dits as units to you	ur academic record. (			
	ng this form, I understan ay from TCNJ to ensure					emic course load
Student's	Signature				Date	