Credit will be granted only if the grade of C or higher is earned at the college offering the course and the course is approved in advance by NJIT.

Student’s Name: ______________________________________________________

ID number: ___________________________________________________________

College offering the course: _____________________________________________

Course ID: ____________________________________________________________

Title: __________________________________________________________________

Semester during which course is being taken: _____________________________

NJIT Equivalent Course: ________________________________________________

NJIT Title: _____________________________________________________________
(Please indicate the equivalent NJIT course/elective) __________________________

Name and Academic Department Approving the course

Signature - NJIT Academic department offering the equivalent course. ___________________ Date ___________________

Signature - Registrar’s Office after Academic Department Approval ___________________ Date ___________________

Student must have a transcript sent to NJIT Office of the Registrar Attn. Patrick Fields University Heights Newark, NJ 07102 AT THE COMPLETION OF THE COURSE. Not to be used for cross registration at Essex County College or Rutgers-Newark for Fall and Spring semester.