

**TRANSFER CREDIT REQUEST FORM FOR
CREDITS ALREADY TAKEN**

To complete this form for courses already taken at another institution in the United States or Canada, submit a copy of the **Course Catalog description for each course and the course syllabus as well as a FINAL OFFICIAL TRANSCRIPT** to the Office of Graduate Studies at New Jersey Institute of Technology, Fenster Hall, Suite 140, 323 Dr. M. L. King, Jr. Blvd., Newark, New Jersey 07102-1982. For the complete policy, please refer to the Office of Graduate Studies [website](#).

<p>Name _____ <small>Last First</small></p> <p>Phone # _____</p> <p>UCID / NJIT Email _____</p> <p>Date of Entry Spring 20__ Fall 20__</p>	<p>Date of Request _____</p> <p>NJIT ID # _____</p> <p>Program _____</p> <p>Degree Level MS PhD</p>
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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.

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)	A (sample)	3 (sample)	CHEM 605 (sample)	Advisor to check one
							<input type="checkbox"/> ACCEPTED
							<input type="checkbox"/> REJECTED
							<input type="checkbox"/> ACCEPTED
							<input type="checkbox"/> REJECTED
							<input type="checkbox"/> ACCEPTED
							<input type="checkbox"/> REJECTED

GRADUATE PROGRAM ADVISOR APPROVAL

Name _____	Signature _____	Date _____
E-mail _____	Phone No. _____	
<input type="checkbox"/> If rejected, provide reason: _____ _____		

GRADUATE STUDIES OFFICE APPROVAL

GSO Signature _____	Date _____
NJIT COURSE NUMBER	CREDITS

REGISTRAR OFFICE ACTION

Registrar Signature _____	Date _____
NJIT COURSE NUMBER	CREDITS
Student's Record has been amended	

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