

Graduate & Post-Bac Transfer Credit Evaluation Form (TCEF)

Any Rowan University applicant or current student requesting a transfer-credit evaluation must complete this form in full and attach any related **college transcript(s)** and **syllabi, including course description(s)**. Submission of official transcript(s) from **all** colleges attended is an application requirement for **every** Rowan University program. As long as all official transcripts are included with the application, an *unofficial* copy of the transcript(s) that relates to any requested transfer credits may be attached to this form.

Please note that some programs limit the amount of credit that can be transferred. Policy regarding transfer credit can be found in the catalog: catalog.rowan.edu. All required information and supporting documentation must be complete and provided to the graduate program coordinator **before** obtaining signatures. Once the form has been fully signed, all materials must be submitted via email to registrar-transfercredits@rowan.edu. **Important:** Incomplete or unsigned forms submitted to the registrar will be **returned without review**.

Student Name: _____

Rowan (Banner) ID: _____

Street Address: _____

Phone: _____

City, State, and Zip: _____

Program: _____

Email Address: _____

Date of Request: _____

The above-named student has requested that the following course(s) be applied to the student's program:

Course Title: _____ Course #: _____ Credits: _____

Institution: _____ Semester/Year: _____ Grade: _____

Rowan U course for which you believe this course will substitute: **COURSE NUMBER:** _____

COURSE NAME: _____

☐ Transcript showing course above attached. ☐ Syllabus for course above attached. ☐ Current registration for Rowan course?

Approved

☐ Yes

☐ No

Course Title: _____ Course #: _____ Credits: _____

Institution: _____ Semester/Year: _____ Grade: _____

Rowan U course for which you believe this course will substitute: **COURSE NUMBER:** _____

COURSE NAME: _____

☐ Transcript showing course above attached. ☐ Syllabus for course above attached. ☐ Current registration for Rowan course?

Approved

☐ Yes

☐ No

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Institution: _____ Semester/Year: _____ Grade: _____

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☐ Transcript showing course above attached. ☐ Syllabus for course above attached. ☐ Current registration for Rowan course?

Approved

☐ Yes

☐ No

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Approved

☐ Yes

☐ No

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Approved

☐ Yes

☐ No

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Approved

☐ Yes

☐ No

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Course Title: _____ Course #: _____ Credits: _____

Institution: _____ Semester/Year: _____ Grade: _____

Rowan U course for which you believe this course will substitute: **COURSE NUMBER:** _____

COURSE NAME: _____

☐ Transcript showing course above attached. ☐ Syllabus for course above attached. ☐ Current registration for Rowan course?

NOTE: If you wish to request transfer evaluation for more courses or credits than can be listed on this form, please complete and submit additional Transfer Credit Evaluation forms. Each additional form must include all required information and signatures.

APPROVALS: Please be sure to adhere to transfer credit policy for your program and return all included materials with this form to the Office of the Registrar, registrar-transfercredits@rowan.edu.

_____ Program Coordinator/Advisor	_____ Printed Name	_____ Date
_____ Department Chair	_____ Printed Name	_____ Date