Computer Science Department * Course Evaluation

Student must fill out the following before meeting with advisor/department administrator.

Print Name: ____________________________     Major: ____________________________

CWID: ____________________________     MSU Email: ____________________________  @mail.montclair.edu

Anticipated Graduation (Semester & Year): ____________________________

Enter the course you would like to be evaluated for a possible credit adjustment. You can list other courses on the back of this form if necessary.

Course to evaluate: ______________________________________________

Institution course was taken in: ______________________________________

Semester/Year course was taken: ______________________________________

Comments: __________________________________________________________________________________________

You must also attach a syllabus of the course you took for evaluation.

If you took the course at a NJ Community College, a printout of course catalog description from the year you took the course is acceptable at the evaluation level. You may be asked to provide a syllabus later on.

Student Signature: ____________________________     Date: _______________________

Office Use Only

Print Advisor Name: ______________________________________________

Advisor’s comments: _____________________________________________

____________________________________________________________________________

Advisor Signature: ____________________________     Date: _______________________

Return a completed copy of this form to the Department Administrator (RI 303).

Revised 9/7/2012