

Evaluation of Transfer Credits
Form First - Year Writing
Montclair State University

Date: _____

Student Name: _____

Student ID #: _____

MSU Email Address: _____

Phone: _____

Major: _____

Name of school(s) from which you want courses re-evaluated:

Full name of course(s) you want re-evaluated, including course number:

How many credits: _____

Which MSU course(s) are you seeking to replace with the transfer school course(s)? Circle or place "X" next to the appropriate course(s).

WRIT 105

WRIT 106

Directions:

1. Attach a copy of the relevant course description(s) and syllabus.
2. Attach 2-3 papers written for the course(s).
3. Return this form and attachments to Suzanne Deshchidn in Schmitt 138 (deshchidns@montclair.edu) or email form and attachments to Department Chair Ron Brooks at brooksjr@montclair.edu.
4. Please do not send photos of documents.