

**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 222 (deshchidns@montclair.edu) or email form and attachments to Department Chair Ron Brooks at [brooksjr@montclair.edu](mailto:brooksjr@montclair.edu).
4. Please do not send photos of documents.