

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

Any Rowan Global 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 Rowan Global catalog: [rowan.edu/catalogs](http://rowan.edu/catalogs).

This form should be submitted with your application and other supporting materials to **Rowan Global Academic & Student Services, Enterprise Center, 225 Rowan Boulevard, Suite 300, Glassboro, NJ 08028**; faxed to 856-256-5638; or, emailed to [globalstudent@rowan.edu](mailto:globalstudent@rowan.edu).

<b>Student Name:</b> _____	<b>Rowan (Banner) ID:</b> _____
<b>Street Address:</b> _____	<b>Phone:</b> _____
<b>City, State, and Zip:</b> _____	<b>Program:</b> _____
<b>Email Address:</b> _____	<b>Date of Request:</b> _____

*The above named student has requested that the following course(s) be applied to his or her program:*

Course Title: _____	Course #: _____	Credits: _____
Institution: _____	Semester/Year: _____	Grade: _____
Rowan U course for which you believe this course will substitute: <b>COURSE NUMBER:</b> _____		
<b>COURSE NAME:</b> _____		
<input type="checkbox"/> Transcript showing course above attached?	<input type="checkbox"/> Syllabus for course above attached?	<input type="checkbox"/> 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: <b>COURSE NUMBER:</b> _____		
<b>COURSE NAME:</b> _____		
<input type="checkbox"/> Transcript showing course above attached?	<input type="checkbox"/> Syllabus for course above attached?	<input type="checkbox"/> 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: <b>COURSE NUMBER:</b> _____		
<b>COURSE NAME:</b> _____		
<input type="checkbox"/> Transcript showing course above attached?	<input type="checkbox"/> Syllabus for course above attached?	<input type="checkbox"/> 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: <b>COURSE NUMBER:</b> _____		
<b>COURSE NAME:</b> _____		
<input type="checkbox"/> Transcript showing course above attached?	<input type="checkbox"/> Syllabus for course above attached?	<input type="checkbox"/> Current registration for Rowan course?

**Approved**  
 Yes  
 No

**APPROVALS:** *Please be sure to adhere to transfer credit policy for your program and return all included materials with this form to the Global Learning & Partnerships office.*

\_\_\_\_\_  
 Program Coordinator/Advisor \_\_\_\_\_  
Date

\_\_\_\_\_  
 Department Chair \_\_\_\_\_  
Date

\_\_\_\_\_  
 Dean of College where course is housed \_\_\_\_\_  
Date