



SCHOOL OF HEALTH
RELATED PROFESSIONS

University of Medicine & Dentistry of New Jersey

Office of Enrollment Services

TRANSFER CREDIT EVALUATION

Please Print Legibly:

Student ID#: _____ First Name: _____ M: _____ Last Name: _____

Daytime Phone #: (____) _____ Home Phone: (____) _____ Email Address: _____

Program/Major: _____ If Joint Program, Affiliate Name: _____

1. Student should confer with Program Director prior to completion of this form.
2. Complete the required information in the sections below.
3. Attach to this form a catalog course description from the institution attended for each course to be transferred to SHRP.
4. Student should have an official copy of the transcript sent to Enrollment Services. Transfer approval will not be issued until an official transcript is received by Enrollment Services.
5. Submit to your Program Director.
6. Program Director will then approve and forward to the Associate Dean for approval.
7. Once approved the course will be forwarded to Enrollment Services to be added to the UMDNJ-SHRP transcript.

Requested Transfer Course(s)

To Substitute for SHRP Course(s)

Term/Year	Subject	Course #	Credits	Course Title	Institution	Subject	Course#	Credits	Course Title
EX: Spring 2002	NUTN	5000	3	Nutrition Seminar	Rutgers University	NUTR	7110E	3	Current Issues in Nutrition

Approved for _____ credits

Program Faculty Signature _____ Date _____

Program Director Signature _____ Date _____

Associate Dean for Academic Affairs and Research Signature _____ Date _____

ENROLLMENT SERVICES USE ONLY

Transcript Received by _____, on _____ Date Processed _____