

VISITING STUDENT AUTHORIZATION DATE:__ A. ELIGIBILITY NOTE: Students matriculated at William Paterson University must take the last 30 credits of their academic career at William Paterson University This is to certify that NAME SID# **ADDRESS** Is a student in good standing at William Paterson University in _ _ major with a grade point average of and has completed _____ credits at William Paterson University. This student has permission to take the following course(s) at: NAME OF COLLEGE OR UNIVERSITY ADDRESS OF COLLEGE OR UNIVERSITY **B. COURSE EQUIVALENCE** WPU **INITIAL OF WPU** NO. OF **EQUIVALENT** COURSE DEPT. COURSE NO. **COURSE TITLE CREDITS** COURSE NO. **CHAIRPERSON TOTAL CREDITS:** during the _ session SEMESTER YEAR IN ORDER TO RECEIVE TRANSFER CREDIT: UNDERGRADUATE students must receive a grade of "C" or better. GRADUATE students must receive a grade of "B" or better. An official transcript from the above named College/University must be sent to William Paterson University, Office of the Registrar, P.O. Box 913, Wayne, NJ 07474-0913.

ADVISOR

CC: REGISTRAR
ACADÉMIC DEAN
CHAIRPERSON
STUDENT

OFFICE OF THE REGISTRAR REVISED 2009

CHAIRPERSON (of student's major department)

DEAN (of student's major college)