

VISITING STUDENT AUTHORIZATION

A. ELIGIBILITY

NOTE: Students matriculated at William Paterson University must take the last 30 credits of their academic career at William Paterson University

	y that	NAME		SID#
is a student in g		ADDRESS son University with a grade point rson University. This student has		
		NAME OF COLLEGE OR U	NIVERSITY	
		ADDRESS OF COLLEGE OR	UNIVERSITY	
. COURSE E	QUIVALENCE			
COURSE NO.	COURSE TITLE	NO. OF CREDITS	WPU EQUIVALENT COURSE NO.	INITIAL OF WPU COURSE DEPT. CHAIRPERSON
				_
1	TOTAL	CREDITS:	-	-
during the	SEMESTER	YEAR Se	ession	
N ORDER TO	RECEIVE TRANSFER CRE	DIT:		
UNDER	RECEIVE TRANSFER CRE	ceive a grade of "C" 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 013, Wayne, NJ 07474-0913.

ADVISOR

CHAIRPERSON (of student's major department)

DEAN (of student's major college)