Computer Science Department * Course Evaluation

Student must fill out the following before meeting with advisor/department administrator.

Print Name: ____________________________________     Major: ________________________________

CWID: _________________________       MSU Email: __________________________ @mail.montclair.edu

Anticipated Graduation (Semester & Year):  ______________________________________________

Enter the course you would like to be evaluated for a possible credit adjustment. You can list other courses on the back of this form if necessary.

Course to evaluate: ________________________________________________________________

Institution course was taken in: ______________________________________________________

Semester/Year course was taken: ____________________________________________________

Comments: _______________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

You must also attach a syllabus of the course you took for evaluation.

If you took the course at a NJ Community College, a printout of course catalog description from the year you took the course is acceptable at the evaluation level. You may be asked to provide a syllabus later on.

Student Signature: ___________________________     Date: __________________________

Office Use Only

Print Advisor Name: ______________________________________________________________

Advisor’s comments: __________________________________________________________________

_________________________________________________________________________________
_________________________________________________________________________________

Advisor Signature: ___________________________     Date: __________________________

Return a completed copy of this form to the Department Administrator (RI 303).

Revised 9/7/2012