

REVIEW OF TRANSFER COURSE WORK – PREREQUISITE TO FCNS COURSE

School of Family, Consumer, and Nutrition Sciences (FCNS)  
Northern Illinois University

COMPLETE ONE FORM FOR EACH COURSE FOR WHICH CREDIT IS SOUGHT

This form is to be used only for a course that is a prerequisite for courses in the school of FCNS.

**NOTE:** If you seek general education credit for a course, FCNS cannot give such approval; you must seek general education approval from the department that teaches the course.

Transfer courses that might apply toward a student's major program require written approval by the major department/school teaching the course. Submitting appropriate documentation and departmental/school review in no way constitutes a guarantee that the course will be accepted as equivalent to an NIU course. The student will be notified of the course evaluation within approximately 14 days of receipt of the documentation.

This form can be completed before the course has been taken or prior to admission to NIU, however, no adjustment of transfer work will be made until after the course has been completed and the student has been formally admitted to the University.

**The student is responsible for making sure the appropriate adjustment is made.**

Name of Student	Z Number	Date		
Address	City	State	Zip	Telephone Number
Student's NIU Major	Are you currently enrolled at NIU?	Give semester/year		

**Name and number** of FCNS course for which this is a prerequisite \_\_\_\_\_

**Catalog year and page** where you found this information \_\_\_\_\_

**Name and number** of course for which credit is sought \_\_\_\_\_

**Name and number** of TRANSFER course(s) to be evaluated \_\_\_\_\_

Transfer institution where course was completed \_\_\_\_\_

Please indicate: Course completed \_\_\_\_\_ Currently enrolled \_\_\_\_\_ Course not yet taken \_\_\_\_\_  
Semester/Year Semester/Year

Course Type: Traditional Classroom \_\_\_\_\_ Video \_\_\_\_\_ Internet \_\_\_\_\_ Correspondence \_\_\_\_\_ Distance Ed \_\_\_\_\_ Other \_\_\_\_\_

To aid in the further evaluation of this course, please attach the following **required** documents to this form:

1. COURSE SYLLABUS
2. CATALOG COURSE DESCRIPTION
3. NAME OF TEXTBOOK
4. GRADE REPORT/TRANSCRIPT\* OF COURSE BEING EVALUATED

\* Transcripts and grades are not maintained in this office, therefore, **YOU MUST provide a copy of the grade you received for this course.**

**ALL ITEMS MUST BE COMPLETED OR FORM WILL NOT BE PROCESSED.**

**\*\*YOU MAY WISH TO MAKE A COPY OF THIS FORM AND ALL DOCUMENTS FOR YOUR RECORDS\*\***

RETURN TO:  
NORTHERN ILLINOIS UNIVERSITY  
SCHOOL OF FAMILY, CONSUMER, AND NUTRITION SCIENCES  
DEKALB, IL 60115  
ATTENTION: Undergraduate Advisor

**\*\*SCHOOL EVALUATION\*\***

TO THE AREA COORDINATOR: Please indicate your decision in accepting the course listed of the front of this form.

Yes, I accept the course as equivalent to FCNS \_\_\_\_\_

OPTIONAL COMMENTS:

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\_\_\_\_\_  
Signature of FCNS Area Coordinator

\_\_\_\_\_  
Date

NO, I do not accept the course as equivalent to FCNS \_\_\_\_\_

REASON:

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\_\_\_\_\_  
Signature of FCNS Area Coordinator

\_\_\_\_\_  
Date