

Rutgers Exchange Registration Application Instructions

(For Fall, Spring and Summer term enrollment only. **NOT** APPLICABLE for Winter session)

NOTE: You must be a matriculated student at Rutgers University in order to take classes through this exchange program.

SECTION I: DEMOGRAPHIC INFORMATION

1. Enter your 9-digit Social Security Number. It will be used for student identification purposes. Providing this information is voluntary; however, doing so will be appreciated.
2. Enter your RBHS A# or Rutgers 9-digit RUID
3. Enter your legal last name, first name, and middle initial.
4. Enter the number of the month, day and last 2 digits of the year you were born. For example, August 4, 1963 should be entered as "080463".
5. Enter your gender – "F" for female; "M" for male; "O" for Other.
- 6 **a/b. Note:** We are asking that you identify your racial or ethnic category in order to comply with federal and state regulations regarding the make-up of our student population. Please use the drop-down arrow to make your selection from the following:

American Indian or Alaskan Native	White, Non-Hispanic
Black, Non-Hispanic	Other Racial/Ethnic Group
Hispanic, Non-Puerto Rican	Asian Only
Puerto Rican	Native Hawaiian or Pacific Islander/Non-Asian
7. Select Citizenship Status
8. Enter your current address.
9. Enter the county in which you reside and Select Yes/No for NJ Resident
10. Enter your telephone number; be sure to include the area code.
11. Enter your University Email Address.
12. Enter the Program you are pursuing at Rutgers.
13. Check off your level – either Undergraduate or Graduate/Doctoral.
14. Prior to your current program, select whether you were ever enrolled or employed at the University.

SECTION II: COURSE ENROLLMENT INFORMATION

1. Enter Course Year and check the Term in which the course you are requesting will be offered.
 2. Enter the Course **CRN# (For RBHS)** or **Index# (For Rutgers Legacy)**, Course Title, Course Subject Code, Course and Section # Code, and Number of Credit Hours.
- Add Special Permission # if needed.

SECTION III: APPROVALS AND SIGNATURES

Obtain the approval and signature from your Dean or Program Director/Advisor.

SECTION IV: SUBMIT COMPLETED FORM TO YOUR REGISTRAR'S OFFICE

Your Registrar will contact the Registrar for the School in which you wish to enroll to confirm course availability.

****NOTE**:**

NJ Residency for tuition purposes will be determined by the Home School.

Grades will be assigned based on the Faculty member teaching the course(s).

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(See Instructions)

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This form must be used to enroll in a course offered by a Rutgers School other than your own. Your Dean, Program Director or Advisor must approve the course(s) request and determine if the course(s) are appropriate for you prior to processing this registration.

SECTION I: DEMOGRAPHIC INFORMATION

1. SOCIAL SECURITY NUMBER: _____
2. RBHS A# _____ -OR- RUID# _____
3. NAME: _____

LAST
FIRST
M.I.
4. DATE OF BIRTH: _____ 5. GENDER: _____
6. (a) RACE _____ (b) ETHNICITY _____
7. Citizenship: _____US Citizen _____Permanent Resident _____International Student/Status _____
8. ADDRESS: _____

STREET
CITY
STATE
ZIP CODE
9. COUNTY: _____ NJ Resident: _____ YES _____ NO
10. TELEPHONE: _____ 11. UNIVERSITY EMAIL: _____
12. PROGRAM: _____ 13. LEVEL: Undergraduate _____ Graduate/Doctoral _____
13. Prior to your current program, were you ever enrolled at or employed by:
 - a. A unit of the University of Medicine and Dentistry of New Jersey (UMDNJ) or Rutgers Biomedical Sciences (RBHS)? YES NO
 - b. A unit of Rutgers-Camden, Rutgers-Newark or Rutgers-New Brunswick? YES NO
 - c. If yes, did you use a different name? _____
 - d. Dates? _____ to _____

1. COURSE YEAR: 20_____ TERM: FALL _____ SPRING _____ SUMMER _____

2.	COURSE CRN# OR INDEX#	COURSE TITLE	COURSE SUBJECT CODE	COURSE#	SECTION#	CREDIT HOURS	(if needed) SPECIAL PERMISSION#

(continue to Page 3)

THIS COURSE WILL SATISFY A REQUIREMENT FOR THE STUDENT'S DEGREE PROGRAM:

YES _____ NO _____

NAME (Print): _____

SIGNATURE: _____ **DATE:** _____

SECTION IV: SUBMIT COMPLETED FORM TO YOUR REGISTRAR'S OFFICE

Registrar's Office Use Only
HOST REGISTRAR: CONFIRM ABOVE COURSE INFORMATION AND SEAT AVAILABILITY AND RETURN FORM TO HOME SCHOOL REGISTRAR. _____ Seat Available Registration Approved by: _____ Date: _____

Registrar's Offices email addresses/telephone numbers:

SCHOOL	EMAIL	TELEPHONE
Rutgers Biomedical and Health Sciences- School of Graduate Studies	leebea@gsbs.rutgers.edu	973-972-8385
Rutgers Biomedical and Health Sciences- School of Health Professions	shp_registrar@shp.rutgers.edu	973-972-5454
Rutgers Biomedical and Health Sciences- School of Nursing	registrar@sn.rutgers.edu	973-972-5764
Rutgers Biomedical and Health Sciences- School of Public Health	sphregistrar@sph.rutgers.edu	732-235-4316
Rutgers University-Camden	camreg@camden.rutgers.edu	856-225-6053
Rutgers University-Newark	reghc@newark.rutgers.edu	973-353-5324
Rutgers University-New Brunswick/Piscataway (Undergraduate)	studenthelp@registrar.rutgers.edu	848-445-3518
Rutgers University-New Brunswick/Piscataway (Graduate & Professional Schools)	gradreg@registrar.rutgers.edu	848-445-2104