



New Jersey Institute of Technology

Office Of The Registrar

Rutgers Cross-Registration Form

Verify Course on [Rutgers Course Schedule](#) and Submit to the NJIT Registrar to check course availability and registration.

Term _____

NAME: _____ SS#: ___/___/___

LAST

FIRST

PERMANENT ADDRESS: _____ TEL#: (____) _____

STREET/LANE/COURT _____

CITY

STATE

ZIP CODE

COUNTY

E-MAIL ADDRESS: _____ DOB: _____

PLEASE CHECK: ___ NJ RESIDENT ___ MALE ___ FEMALE ETHNIC _____

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SUBJ(#) TITLE	COURSE(#) CR.	SECTION	RUTGERS INDEX#
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Circle Drop or Add

ADD/DROP

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ADD/DROP

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STAFF USE ONLY: ADE _____ **ORE** _____ **STE** _____ **GDE** _____
INITIALS _____