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_____ NJIT ID:_____

NAME: _____SS#: _____|___|_____
LAST FIRST

PERMANENT ADDRESS: _____
STREET

_____
CITY STATE ZIP

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SUB(#)	COURSE(#)	SECTION	RUTGERS INDEX#	TITLE
☐ **ADD** ☐ **DROP**				
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STAFF USE ONLY: ADE_____ORE _____STE_____GDE _____ INITIALS_____