

EXCHANGE REGISTRATION

FINAL GRADES WILL BE SUBMITTED TO HOME SCHOOL REGISTRAR AT COMPLETION OF TERM.

HOME SCHOOL: _____ RBHS _____ NJIT

HOST SCHOOL: _____ RBHS _____ NJIT

Full Name: _____

NJIT ID/Soc. Security: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: (____) _____ E-Mail Address: _____

Date of Birth (MM/DD/YYYY): _____ Gender: _____

Do you reside in the state of New Jersey? _____ Yes _____ No If yes, how long? _____

Citizenship: _____

If Non-U.S. Citizen, please indicate:

Country of Citizenship: _____ Immigration Status/Visa: _____

Subject	Course Number	Section	Course Title	Credit

RBHS Registrar Host School – Date

NJIT Academic Dept. Advisor Approval - Date