



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#: _____ SS#: _____

LAST NAME: _____ FIRST NAME: _____

D.O.B : _____

PERMANENT ADDRESS: _____ STREET

CITY STATE ZIP COUNTY PHONE

Table with 5 columns: SUB(#), COURSE(#), SECTION, RUTGERS INDEX#, TITLE. Includes rows for ADD/DROP selection and empty rows for course entry.

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