

EXCHANGE REGISTRATION

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

HOME SCHOOL RBHS_____ ECC_____ NJIT_____

HOST SCHOOL RBHS_____ ECC_____ NJIT_____

Name: _____

NJIT ID No./Soc. Security: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Telephone: _____

Date of Birth: _____ Gender: _____ Ethnicity: _____

Enrollment Term: Fall _____ Spring _____ Summer _____

Subject	Course Number	Section Number	Course Title	Credit

Registrar Host School – Date

Dept. Approval Home School