

REGISTRATION ADD/DROP FORM

School Name: _____

Curriculum/Program*: _____ Term: _____ Year: _____

Student's Name: _____ RUID: _____

Rutgers Email: _____ Preferred Phone: _____

ADD								
Unit Number	Subject Number	Course Number	Section	Index Number	Credits	Special Permission Number	Pre-Req Override <small>(Click box to check off)</small>	Course Title

DROP							
Unit Number	Subject Number	Course Number	Section	Index Number	Credits	Special Permission Number	Course Title

MAX CREDIT OVERRIDE YES NO

I agree and approve the course(s) above are applicable to the student's degree.

Print Name: _____ Email: _____ Ext: _____

Signature: _____ Date: _____

Academic Advisor/Program Director/Dean's Signature