RUTGERS
School of Public Health

Office of the Registrar
Rutgers, The State University of New Jersey
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REGISTRATION CARD

This form should be used when registering in person.

Semester & Year: ❑ Fall ❑ Spring ❑ Summer Year _____

Location: *(please check one)* ❑ New Brunswick ❑ Newark

1. **Name:** _____ **Student ID#:** _____
   Last Name *First Name* *Middle Initial*
2. **Matriculation Status:** ❑ Matriculated ❑ Non-Matriculated
2. **Rutgers Email Address:** _____
3. **Current Mailing Address:**

   _____
   Include Number, Street and Apt. Number *City* *State* *Zip Code*
4. **Phone Numbers:**

   _____
   Home Telephone Number (incl. area code) *Business Telephone Number (incl. area code)* *Mobile Telephone Number (incl. area code)*
6. **Are you enrolled in another Rutgers school?** ❑ Yes ❑ No
7. **Were you enrolled in the School of Public Health last semester and completed the term?** ❑ Yes ❑ No

CRN	Course Number (including department/concentration prefix)	Course Title/Independent Study Faculty	Sec	Cr	Day	Time	Official Use Only
Students are expected to pay tuition and all fees assessed. The School of Public Health reserves the right to cancel classes without advanced notice.			**TOTAL CREDITS**				

_____
Student Signature Date

_____
Advisor Signature Date

RETURN TO OFFICE OF THE REGISTRAR

(FOR OFFICE USE ONLY)

_____
Office of the Registrar Signature Date