

IN-PERSON REGISTRATION CARD

This form should be used when registering in person.

Semester & Year: Fall Spring Summer Year _____

Campus: *(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 <small>(including department prefix)</small> | 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

(FOR OFFICE USE ONLY)

_____ Office of the Registrar Signature _____ Date

**RETURN TO
OFFICE OF THE
REGISTRAR**