Office of the Registrar Rutgers, The State University of New Jersey 683 Hoes Lane West, Room 110 Piscataway, NJ 08854 sph.rutgers.edu sphregistrar@sph.rutgers.edu p. (732) 235-9724/4316 f. (732) 235-9599

Request for Maintaining Matriculation

Students who do not register for courses or credits in a semester must register for Maintaining Matriculation or a Leave of Absence. This form should be used by students who are eligible for and requesting Maintaining Matriculation. Please refer to the Maintaining Matriculation policy for more information on eligibility requirements for and purposes of Maintaining Matriculation Status.

1.	Name:		_ Student ID#:			
	Last Name	First Name	Middle Initial			
2.	Rutgers Email Address:					
3.	Current Mailing Address:					
	Include Number, Street and Apt. Num	per	City	State	Zip Code	
4.	Phone Numbers:					
	Home Telephone Number (incl. area c	ode) Business Tel	ephone Number (incl. area code)	Mobile Telephone Number (incl. area code)		
5.	Location: (please check one)	New Brunswi	ck 🛛 Newark			
6.	Are you enrolled at the School	of Public Health or	n a student Visa (F-1, J-1)?	🗆 Yes 🛛 N	lo	
7.	Are you receiving Financial Aid	? 🗆 Yes 🗖	No (Students receiving Financial Aid m	ust obtain signature fi	rom the Financial Aid Officer.)	
8.	Have you reviewed the Maintain	Have you reviewed the Maintaining Matriculation policy (this form is not the policy)?				
9.	Have you been on Maintaining Matriculation Status from the School of Public Health before?					
	□ Yes □ No When:					
	Yes No When:					
то	THE REGISTRAR					
	am requesting Maintaining Matriculation Status (\$35 fee) for the School of Public Health for					
		,				
	order to maintain my active status in omit the appropriate fee.	1 the Rutgers Schoo	I of Public Health, I petition fo	r approval of the	e above request, and	
Stuc perio	udent's petition for Maintaining Matriculation mu- dents requesting Maintaining Matriculation beyon od granted for Maintaining Matriculation is incluc riculation, they will be administratively withdrawr	nd one semester must petiti led the overall time requirer	on for the subsequent Maintaining Matric	ulation and pay an ad	ditional \$35 fee. The time	

Student Signature	Date	RETURN TO OFFICE OF THE REGISTRAR	
Academic Advisor Signature	Date		
		Copies to:	
Financial Aid Office Signature (only if you are receiving Financial Aid)	Date	Office of Student Affairs Academic Advisor Student	
Office of the Registrar Signature	Date		