

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

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. Number, City, State Zip Code			
4.	Phone Numbers:			
	Home Telephone Number (incl. area cod	de) Business Telephone N	umber (incl. area code)	Mobile Telephone Number (incl. area code)
5.	Location: (please check one)	New Brunswick	Newark	Online
6.	Are you enrolled at the School of	f Public Health on a stude	ent Visa (F-1, J-1)?	☐ Yes ☐ No
7.	Are you receiving Financial Aid?	☐ Yes ☐ No (Stud	ents receiving Financial Aid m	ust obtain signature from the Financial Aid Officer.)
8.	Have you reviewed the Maintaini	ng Matriculation policy (t	his form is not the p	olicy)? □ Yes □ No
9.	Have you been on Maintaining Matriculation Status from the School of Public Health before?			
	☐ Yes ☐ No When:	<i>a</i>		
то	THE REGISTRAR	(list	all semesters & years)	
	m requesting Maintaining Matriculation of the following reason(s) (explain		School of Public Healt	n for(semester & year)
	order to maintain my active status in omit the appropriate fee.	the Rutgers School of Publ	ic Health, I petition for	approval of the above request, and
Stud peri	udent's petition for Maintaining Matriculation must dents requesting Maintaining Matriculation beyond od granted for Maintaining Matriculation is included riculation, they will be administratively withdrawn fi	one semester must petition for the sid the overall time requirement to com	ubsequent Maintaining Matricu	ulation and pay an additional \$35 fee. The time
	Student Signature		Date	RETURN TO OFFICE OF THE
	Academic Advisor Signature		Date	REGISTRAR
	Financial Aid Office Signature (only if you a	are receiving Financial Aid\	Date	Copies to:
	i indiridal Aid Office Olyffature (offiy ll you o	are receiving i manetal Aluj	Dale	Office of Student Experiences Academic Advisor
	Office of the Registrar Signature		Date	- Student