RUTGERS UNIVERSITY-COURSE REQUESTS

NAME: ID NUMBER:

BILLING NUMBER:

SCHOOL: CLASS: MAJOR: LOCSPEC: RESIDENCY: YEAR/TERM:

TO COMPLETE THE FOLLOWING-REFERENCE SCHEDULE OF CLASSES:

COURSE TITLE	SCHOOL NUMBER	SUBJECT NUMBER	COURSE NUMBER	SECTION NUMBER	CREDIT HOURS	REGISTRATION INDEX NUMBER	BY ARRANGEMENT CREDITS ONLY	CREDIT PREFIX

APPROVAL SIGNATURE: _____ DEAN OR FACULTY ADVISOR DATE TOTAL CREDITS

REGISTRATION INDEX NUMBERS MUST BE ENTERED FROM YOUR SCHEDULE OF CLASSES.

- -

DO NOT DETACH

STUDENT DATA CORRECTION FORM

LAST NAME FIRST NAME MIDDLE G CODE RES F CODE SCHOOL CLASS CUR 1 CUR 2 LOC/SPEC

22 YEAR/TERM 17 18 19 21 22 24 35 36

STUDENT ID NUMBER

STREET: 14

IF NEEDED: 39

CITY: 64

STATE: 89 ZIP: 91

GENDER:

IF NEW JERSEY ADDRESS ENTER COUNTY HERE: _____ OFFICE USE 115

BIRTHDATE(MM/DD/YY):

TELEPHONE NUMBER: 100 109