

## REQUEST FOR APPROVAL OF CROSS-ENROLLMENT

**STUDENT:**

This form must be used to cross-enroll in a course offered by a UMDNJ School other than your own. Your Associate Dean or equivalent will review course materials and determine if course is appropriate for you.

Student Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Program/Major: \_\_\_\_\_

Joint Program Partner : \_\_\_\_\_

UMDNJ School in which you are matriculated (Home School): \_\_\_\_\_

UMDNJ School in which you wish to cross-enroll (Host School): \_\_\_\_\_

***Copies of this form should be kept by Student, Associate Dean or equivalent, Home Registrar and Host Registrar.***

**COURSE INFORMATION:**

CRN	SUBJ	COURSE#	SECTION#	CREDITS	COURSE TITLE	CAMPUS	DAY	TIME
(EX:) 13532	NURS	5104G	04W	3	PATHOPHYSIOLOGY	N	M-W	6-9PM

**ASSOCIATE DEAN/PROGRAM DIRECTOR/ADVISOR:**

I have reviewed this student's request and approve enrollment in the course listed above.

This course:  will /  will not satisfy a requirement for the student's degree program.

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**HOME REGISTRAR:** Submit form to Host Registrar for seat availability.

**HOST REGISTRAR: CONFIRM ABOVE COURSE INFORMATION AND SEAT AVAILABILITY.**

Seat Available

Registration Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**HOME REGISTRAR: INDICATE NEW COURSE INFORMATION.**

Course #: \_\_\_\_\_ CRN#: \_\_\_\_\_ Date Registered: \_\_\_\_\_