

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/Affiliate Name: _____

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:

COURSE REFERENCE# (CRN)	SUBJ	COURSE#	SECTION#	CREDITS	COURSE TITLE	CAMPUS	DAY	TIME
(EXAMPLE) 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: _____

Date: _____

HOME REGISTRAR: INDICATE NEW COURSE INFORMATION.

Course #: _____

CRN#: _____

Date Registered: _____