



RUTGERS UNIVERSITY – COURSE REQUESTS

NAME: _____ RUID#: _____

SCHOOL: 27 YEAR/TERM: _____/_____

COMPLETE THE FOLLOWING REFERENCE SCHEDULE OF CLASSES, REGISTRATION INDEX NUMBERS MUST BE ENTERED FROM YOUR SCHEDULE OF CLASSES

COURSE TITLE	SCHOOL NUMBER	SUBJECT NUMBER	COURSE NUMBER	SECTION NUMBER	CREDIT HOURS	REGISTRATION INDEX NUMBER	BY ARRANGEMENT ONLY – SP#	CREDIT PREFIX
Total Credits:								

APPROVAL SIGNATURE: _____ DATE: _____

STUDENT DATA CORRECTION FORM

LAST NAME: _____ FIRST NAME: _____

MIDDLE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

IF NEW JERSEY ADDRESS, PLEASE ENTER COUNTY: _____

SOCIAL SECURITY NUMBER: _____/_____/_____ BIRTH DATE: ____/____/____