UMDNJ SCHOOL OF NURSING
University of Medicine & Dentistry of New Jersey

CHANGE OF REGISTRATION FORM

Check Semester
20_____
❑ Fall
❑ Spring
❑ Summer

Office of Student Affairs
65 Bergen Street, Suite 1126
Newark, NJ 07101
Phone: (973) 972-5336
Fax: (973) 972-7453
https://sn.umdnj.edu

Specialization: ____________

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ID Number	Last Name	First Name	MI

Mailing Address____
Street	City	State	Zip Code

Home Phone and/or Cell Number_______________________________________E-mail Address_________________________

UMDNJ – SN POLICY:

- Students may add/drop courses online or by submitting this form during the registration period and have until the end of the second week of the term (end of Add/Drop Period).
- After the Add/Drop Period, students submitting this form will be withdrawn from courses and receive a 'W' grade.
- Students who are withdrawing from the School must withdraw from any courses in which they are currently registered
- A student not registering or dropping all courses for a given semester must request a Leave of Absence from the School.

Please **ADD** the following course(s):

	CRN #	SUBJECT	COURSE #	SECTION	COURSE TITLE	CREDITS
Example	1 3 4 7 5	NURS	5 2 0 2 G	02W	NURSING RESEARCH	4

TOTAL CREDITS____

Please **DROP** the following course(s):

	CRN #	SUBJECT	COURSE #	SECTION	COURSE TITLE	CREDITS
Example	1 3 4 7 5	NURS	5 2 0 2 G	02W	NURSING RESEARCH	4

TOTAL CREDITS____

REQUIRED SIGNATURES

Student's Signature______________________________ Date_______________

OSA Signature ________________________________ Date_______________

VM: 03/07

Please have completed signed form returned to the above address/fax number