



Office of the Registrar  
 Hepburn 214  
 Email: [Registrar@njcu.edu](mailto:Registrar@njcu.edu)  
 Website: <https://www.njcu.edu/registrar>  
 Phone: 201/200-3334 Fax: 201/200-2062

1. Use Adobe Acrobat Reader DC to complete this form. If needed, this can be [downloaded from Adobe.com](https://www.adobe.com) for Free.
2. All fields with a red box are required.
3. Once form is completed, click on the SUBMIT button and the request will be emailed to registrar@njcu.edu. If errors are encountered, save the PDF form and either email registrar@njcu.edu or fax: 201-200-2062.

<b>LAST NAME</b>		<b>FIRST NAME</b>		<b>STUDENT I.D. # (GothicNet I.D.)</b>	
<b>REGISTRATION or ADD/DROP FORM</b>		<b>REGISTRATION FOR:</b>		<b>ENROLLMENT STATUS BY CREDITS FOR CURRENT SEMESTER:</b>	
		Semester			
Graduate	Undergraduate	Year		Number of credits enrolled	
Number of credits after these course changes are completed					
<b>If change of address is required, log onto GothicNet and complete change of address online or complete "Change of Personal Data Form" located outside of Registrar's Office, Hepburn – 214. After office hours place form in mail slot on door of H – 214</b>					
<b>Added Courses Only</b>			<b>Dropped Courses Only</b>		
<b>CLASS NO.</b>	<b>COURSE TITLE</b>	<b>CREDITS</b>	<b>CLASS NO.</b>	<b>COURSE TITLE</b>	<b>CREDITS</b>

Adviser's Signature \_\_\_\_\_ / \_\_\_\_\_  
 (Requisites Met) Date

Chair Approval \_\_\_\_\_ / \_\_\_\_\_  
 (Closed Course) Date

Dean's Approval \_\_\_\_\_ / \_\_\_\_\_  
 (Over 18 credit Undergraduate) Date  
 (Over 12 Credit Graduate)

THIS TO CERTIFY THAT I HAVE COMPLIED WITH THE POLICIES AND PROCEDURES OF THE UNIVERSITY. IT IS THE STUDENT'S RESPONSIBILITY TO KEEP A COPY OF THIS FORM FOR FURTHER REFERENCE.

**STUDENT'S SIGNATURE      DATE**  
 (Type your name as your signature on the line above.)

**STUDENT EMAIL**