

LAST NAME (PRINT)

FIRST NAME

~~STUDENT ID REQUIRED~~

**NEW JERSEY CITY UNIVERSITY  
OFFICE OF THE REGISTRAR  
UNDERGRADUATE  
REGISTRATION or ADD/DROP FORM**

REGISTRATION FOR:

\_\_\_\_\_  
Current Semester and Year

ENROLLMENT STATUS BY CREDITS  
FOR CURRENT SEMESTER:

\_\_\_\_\_ Number of credits present

\_\_\_\_\_ Number of credits after these  
course changes are completed

**If change of address is required, obtain and complete  
CHANGE OF ADDRESS FORM located outside Registrar's Office, H-214.  
After office hours place in door-mail slot, H-214.**

**Added Courses Only:**

**Dropped Courses Only:**

CLASS NO.	COURSE TITLE	CREDITS	CLASS NO.	COURSE TITLE	CREDITS

Adviser's Signature \_\_\_\_\_ / \_\_\_\_\_  
Date

Overload Approval \_\_\_\_\_ / \_\_\_\_\_  
Academic Dean / Dept. Chairperson Date

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

\_\_\_\_\_  
STUDENT'S SIGNATURE DATE