LAST NAME (PRINT)	FIRST NAME		STUDENT I.D. # (GothicNet I.D.)	
NEW JERSEY CITY UNIVERSITY OFFICE OF THE REGISTRAR UNDERGRADUATE REGISTRATION or ADD/DROP FORM	REGISTRATION FOR:		ENROLLMENT STATUS BY CREDITS FOR CURRENT SEMESTER: Number of credits present	
	Current Semester and Year		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 NOCOURSE TITLE	CREDITS _	_CLASS NO	_COURSE TITLE	CREDITS _
Adviser's Signature / V			THIS 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 FURTHER REFERENCE.	
Overload Approval Academic Dean		_/	UDENT'S SIGNATURE	DATE