RUTGERS
BIOMEDICAL AND HEALTH SCIENCES

REQUEST FOR APPROVAL OF CROSS-ENROLLMENT

STUDENT:

This form must be used to cross-enroll in a course offered by a RBHS School other than your own. Your Associate Dean or equivalent will review course materials and determine if course is appropriate for you.

Student Name: _____ Email address: _____

Student ID#: _____ Telephone #: _____

Program/Major: _____

Joint Program Partner : _____

RBHS School in which you are matriculated (Home School): _____

RBHS School in which you wish to cross-enroll (Host School): _____

Copies of this form should be kept by Student, Associate Dean or equivalent, Home Registrar and Host Registrar.

COURSE INFORMATION:

CRN	SUBJ	COURSE#	SECTION#	CREDITS	COURSE TITLE	CAMPUS	DAY	TIME
(***EX:***) 13532	NURS	5104G	04W	3	PATHOPHYSIOLOGY	N	M-W	6-9PM

ASSOCIATE DEAN/PROGRAM DIRECTOR/ADVISOR:

I have reviewed this student's request and approve enrollment in the course listed above.

This course: ☐ will / ☐ will not satisfy a requirement for the student's degree program.

_____ _____ _____

NAME (PLEASE PRINT) **SIGNATURE** **DATE**

HOME REGISTRAR: *Submit form to Host Registrar for seat availability.*

HOST REGISTRAR: CONFIRM ABOVE COURSE INFORMATION AND SEAT AVAILABILITY.

☐ **Seat Available**

Registration Approved by: _____ **Date:** _____

HOME REGISTRAR: INDICATE NEW COURSE INFORMATION.

Course #:_____ ***CRN#:***_____ ***Date Registered:***_____

Revised: 6/20/2016