

The College of New Jersey

Office of Records & Registration
P.O. Box 7718, Ewing, NJ 08628-0718
609-771-2141

SPECIAL ARRANGEMENT ENROLLMENT FORM

| | | | |
|---------------|-------------|------|---|
| NAME: Last | First | M.I. | ID #: <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> (6 digit PAWS ID #) |
| PHONE: | TCNJ EMAIL: | | PRESENT MAJOR: |

This Special Arrangement Enrollment form must be submitted directly by the Academic Department to the Office of Records and Registration at the time of registration.. **Registration will not be permitted if the form is incomplete or signatures are missing.**

Semester: Year _____

- ☐ Fall
☐ Spring
☐ Summer

- ☐ Undergraduate
☐ Graduate

Course ID: _____

Section ID: _____
(To be complete by the Office of Records and Registration)

Number of Units/Credits: _____
Undergraduate Student use Units Graduate Students use Credits

Student's Cumulative GPA: _____

Instructor's Name: _____

Please sign and date where indicated.

All three signatures must be complete before registration can take place.

Student: _____ Date: _____

Instructor: _____ Date: _____

Department Chair (or Designee): _____ Date: _____

Dean (or Designee): _____ Date: _____