

COLLEGE REENTRY FORM

Students interested in returning to the School of Nursing must have approval of the Scholastic Standing Committee or approval of the Dean of Student Services.

Student Section

(Please print)

Term and Year Reentering: _____

RUID: _____

Name: (Last, First, M.I.) _____

***Note:** If current name is different from name on student record, a change of name form with supporting documents must be submitted. Go to <http://registrar.newark.rutgers.edu/change-name-1> to print the Change of Name form.

Home Address: _____

CITY: _____

STATE _____ **ZIP:** _____

STUDENT SIGNATURE: _____

DATE: _____

Dean's Section:

DEAN'S SIGNATURE: _____

Date: _____

Registrar's Section:

Registrar's Approval: _____

Notes: _____

Staff Signature: _____

Date: _____