RUTGERS
School of Nursing

Name:_____   RUID#_____

School:_____ Class:_____ Major_____ LOCSEC:_____ Residency: Year/Term:_____

Enter The Corresponding Course Information Below

Course Title	School Number	Subject Number	Course Number	Section Number	Credit Hours	Index Number	Special Permission Number	Credit Prefix

Approval Signature:_____   _____
                                                                          Total Credits

Date:_____

Please Complete:

Address: _____

Telephone: _____

Email:_____