



SCHOOL OF HEALTH RELATED PROFESSIONS

University of Medicine & Dentistry of New Jersey

Office of Enrollment Services

COURSE REGISTRATION FORM

Registrations are processed within 3 days of receipt. If you are an entering student, you must have previously paid your tuition deposit, returned your signed "Requirements for Graduation" as well as your completed "Criminal Background Check" form (if applicable) to Enrollment Services to be eligible for registration. If you are a Non-Matriculating Student, please visit the CACE website at http://ccoe.umdj.edu for registration instruction.

SHRP TRADITIONAL (NON-BLOCK) REGISTERING STUDENTS ARE REQUIRED TO PROCESS THEIR REGISTRATION ON-LINE VIA THE MY.UMDNJ PORTAL (http://my.umdj.edu). STUDENTS SUBMITTING THIS FORM WILL BE ASSESSED A \$50.00 REGISTRATION FEE. Registration PINs, which change each semester, are required for registering online. Please make sure to contact your Academic Advisor or Program Director to obtain your registration PIN or check your UMDNJ e-mail if you are in a program in which registration PINs are distributed to students by Enrollment Services.

Student ID#: A00 _____ First Name: _____ M. _____ Last Name: _____

Program/Major _____ If Joint Program, Affiliate Name _____

Phone number and email address where you can be reached in case any questions or concerns arise:

Phone Number (____) _____ Email Address _____

* If you are a Veteran and need to be certified for the G.I. Bill, please also submit our Enrollment Verification request form located under the Registrar/Forms section on the SHRP website at http://shrp.umdj.edu.

** If you have had a change to your personal information (i.e. address or name change), visit the forms section of the SHRP website.

First Time registering at SHRP

Previous Student at SHRP

Continuing at SHRP

Table with 6 columns: Course Ref. # (CRN), Subject, Course, Section #, Credits, Course Title. Example row: EX. 73311, IDST, 6110E, 00W*, 3, STRATEGIC PLANNING HEALTH CARE DELIVERY

* Please make sure to indicate the correct section number as courses will have different sections (i.e. sec 00W, 02W, 03W...)

* If you will be enrolling in a WebCT course, please contact Adam Tso at tsoad@umdj.edu to complete the web registration process by providing your UMDNJ e-mail address.

If you are in the BS-Health Sciences program and you are enrolling in a course at Thomas Edison State College (i.e. Sociology, Accounting...), please complete the course(s) information below. Please do not register at TESC. UMDNJ will process your registration and billing.

Table with 6 columns: Month of Course, Subject, Course, Section*, Credits, Course Title. Example row: EX. MAY 2004, ARC, 101, GS, 3, INTRO TO WESTERN ARCHAEOLOGY

* Please make sure to list the section as "GS" for Guided Study or "OL" for Online. For a complete Thomas A. Edison course listing, please see their website at http://www.tesc.edu/catalog/semist.php

Empty rectangular box for additional information.

I, _____ understand that \$50.00 will be charged to my account following submission of this form.

Student's Signature _____ Date _____

ENROLLMENT SERVICES USE ONLY

Enrollment Services Signature _____ Date _____ Registration Fee processed? _____