EXCHANGE REGISTRATION

FINAL GRADES WILL BE SUBMITTED TO HOME SCHOOL REGISTRAR AT COMPLETION OF TERM.

HOME SCHOOL   ECC_____   NJIT_____

HOST SCHOOL   ECC_____   NJIT_____

Name: _____

NJIT ID No./Soc. Security: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Telephone: _____

Date of Birth: _____Gender: _____ Ethnicity: _____

Enrollment Term: **Fall _____**   **Spring _____**   **Summer _____**

Subject	Course Number	Section Number	Course Title	Credit

_____   _____

      Registrar Host School – Date   **Dept. Approval Home School**