



Office of Enrollment Services

## STUDENT REGISTRATION / STATUS ADJUSTMENT FORM

Student ID#: A00 \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Program/Major: \_\_\_\_\_ If Joint Program, Affiliate Name: \_\_\_\_\_

This form should be utilized when SHRP programs have alerted Enrollment Services of the class roster issues listed below.

Due to these adjustments affecting many departments including Financial Aid, Student Loans, University Registrars office, etc..

these changes must be approved by the SHRP Dean and then forwarded to Enrollment Services for processing.

**Please select the specific reason for the Registration Adjustment:**

- Student was active and participating in a course or courses but not on the class roster(s)
- Student was not participating in a course or courses and should not have been on the class roster(s)
- Other - Please enter information in comment section below

\*\* Please include as much detail as possible including courses, effective dates, etc...

Course Ref. # (CRN)	Subject	Course #	Section #	Credits	Title

Program Comments

Comments - Please list the situation that has occurred with details including why the student was not identified as being active/inactive in the course(s) at the beginning of the term through the class lists Enrollment Services sends to programs and viewing class lists on line in Web for Faculty.

Program Director/Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean's Comments

Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

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**ENROLLMENT SERVICES USE ONLY**

Enrollment Services Signature \_\_\_\_\_ Date \_\_\_\_\_

**Matriculated Students**

School of Health Related Professions  
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973-972-5454 • Fax: 973-972-7463 Web Site: www.shrp.umdj.edu

**Non Matriculated Students**

SHRP/CACE Attn: Rebeca Santiago  
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