

NAME _____ RUID _____

STREET _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ EMAIL _____

PLEASE SELECT ONE: MATRICULATED STUDENT
 NON-MATRICULATED STUDENT

GRADUATE PROGRAM AND SUBJECT NUMBER IN WHICH YOU WERE
PREVIOUSLY ENROLLED AND DESIRE RE-ENROLLMENT:

SEMESTER IN WHICH RE-ENROLLMENT IS DESIRED: _____

Students who re-enroll will be retroactively registered for Matriculation Continued status in the semester prior to their re-enrollment. This retroactive registration will allow the student to register for courses via <https://sims.rutgers.edu/webreg/>.

Please note that a fee is associated with the Matriculation Continued status, and students will be issued a bill by the Office of the Bursar. Payment must be received before students will be able to register. For further information, contact the Office of the Bursar at 856-225-6021.

Student (signature) _____
Date

Graduate Director (sign and print) _____
Date

For Official Use Only:

Does the student have any financial holds? Y N

Associate Dean of the Graduate School (sign and print) _____
Date

NOTE: A FEE WILL BE ASSESSED FOR MATRICULATION CONTINUED SUBJECT TO CHANGE EVERY ACADEMIC YEAR.