

**Princeton-Rutgers  
Graduate Student Exchange Program  
Registration Form**

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**INSTRUCTIONS**

1. Please type in or print all information clearly and legibly.
2. Obtain permission from HOME school prior to submitting form to HOST school. (HOST school will not accept form unless all signatures are present.)
3. Submit completed form to HOST school. (Office of the Dean of the Graduate School, Princeton – 111 Clio Hall OR Rutgers Office of the Registrar – New Brunswick)

\*Note: Students are permitted to enroll in 1 – 2 courses per semester. Host school grading policies will apply. Princeton students in DCE status are NOT permitted to enroll.

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**PERSONAL INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Student ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Local Address \_\_\_\_\_

Home School E-mail Address \_\_\_\_\_ Phone # \_\_\_\_\_

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**HOME SCHOOL INFORMATION**

Home School \_\_\_\_\_ Department/Program \_\_\_\_\_

Term Started in Program:     Fall 20\_\_\_\_ /     Spring 20\_\_\_\_

Term for Course Enrollment:     Fall 20\_\_\_\_ /     Spring 20\_\_\_\_

*It is confirmed that the student is matriculated, the course or courses are to be counted toward the degree sought, the course or courses are graduate courses by definition (500 level and above), and the course or courses are not available at the student's HOME school. (Rutgers students will normally receive 3 credits.)*

Home School Chair/Program Director/Adviser Signature \_\_\_\_\_ Date \_\_\_\_\_

Home School Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

*By signing this form, the HOME school certifies that the student is in good standing and has met all immunization requirements of New Jersey.*

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**HOST SCHOOL INFORMATION**

Host School \_\_\_\_\_ Department/Program \_\_\_\_\_

Have you previously taken a course at the Host school?     Yes /     No

**Course 1**

Course #/Section # \_\_\_\_\_ Course Title \_\_\_\_\_

Host Instructor Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Course 2**

Course #/Section # \_\_\_\_\_ Course Title \_\_\_\_\_

Host Instructor Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Host School Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

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**I authorize the release of my academic transcript to my HOME school after the final grade has been posted to my record.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_