



Application for Re-enrollment

Former Rutgers University students may apply to the university, to their previous school, by submitting the application below.

RUID (9 digit number): _____ Date of Birth (MM/DD/YYYY): _____

Last Name: _____ First Name: _____ Middle Initial: _____

Current Address

Street Address: _____

Additional Address Information: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone Number: _____ Email: _____

Please indicate your citizenship status:

- US Citizen Permanent Resident (green card holder) Non-US citizen, non-green card holder
 International Student who will require an I-20

Are you a veteran of the US military? Yes No

Enrollment Information - Term/Session (Select one): Fall Spring Summer **Year:** _____

I wish to enroll at (School Name): _____

Program: _____ Degree: _____ Date of Last Attendance: _____

I wish to return to Rutgers as a Matriculating or Non-matriculating

If matriculating:

- I am returning to complete my degree
 I wish to return to complete a second graduate degree

Student's Signature: _____ Date: _____

To be Completed by the School:

Approved by (Dean/Director) (Print): _____

Dean/Director Signature: _____ Date: _____