

Rutgers Business School Undergraduate – New Brunswick <u>www.business.rutgers.edu</u> Office of Undergraduate Programs 100 Rockafeller Road

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## **Reclassification Form**

Name:				
Last		First		Middle Initial
RUID:		Date:		
E-mail address: Current Class (Month/Year):				
Note: Students who	complete all degre	ee requirements grac	luate as follows:	
Spring semester: Summer semester: Fall semester:	May August January			
				eremony and students who nere is NO August or Janua
Current Classification:		May August January	Year:	
Reclassification Request:		May August January	Year:	
Reason:				
Signature of Student			Date	
OFFICE OF UNDE	RGRADUATE PI	ROGRAMS APPRO	VAL	
Approved Signature:			Date of Approval:	
			Registrar Notified:	