

## OFFICE OF THE REGISTRAR

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## **COURSE REGISTRATION FORM**

This form gives the Office of the Registrar permission to enroll you in the course(s) listed below, subject to availability. Registration in the course(s) may cause an adjustment to your bill. Please review the start and end date of each course prior to registration.

Student Information					
Last Name:	First Name:				
R#	1	Ramapo Email:			@ramapo.edu
Course(s) Requested (subject to availability)					
☐ Fall	Winter	☐ Spring		Summer	Year:
CRN Course Section (ex. BIOL 101-0		Course Title		Credits	Meeting Days/Time
Total Number of Enrolled Credits in Term (including credits above):					
SIGN HERE Student's Signature:					
Registrar Use Only					