

The College of New Jersey
Office of Records and Registration
P.O. Box 7718, Ewing, NJ 08625-0718
Phone: (609)771-2141 Fax: (609)637-5184

SPECIAL ARRANGEMENT ENROLLMENT FORM

Last Name: First Name: MI: PAWS ID:
Phone: TCNJ E-Mail: Major:

This Special Arrangement Enrollment Form must be submitted directly by the Academic Department to the Office of Records and Registration at the time of registration. **Registration will not be permitted if the form is incomplete or signatures are missing.**

Semester: OR Year _____ Academic Career:
 Fall Undergraduate
 Spring Graduate
 Summer
 Winter

Course ID: _____ Section ID: _____ (To be completed by
Records and Registration) Transcript Note (For Records
and Registration Use Only)

Number of Units/Credits (Undergraduate Students use units. Graduate students use credits.)

Student's Cumulative GPA

Instructor's Name:

Please sign and date where indicated.
All signatures must be complete before registration can take place.

Student Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Department Chair (or Designee): _____ Date: _____

Dean (or Designee): _____ Date: _____