

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#		Ramapo Email: _			@ramapo.edu	
Course(s) Requested (subject to availability)						
🗆 Fall	□ w	inter 🗌 Spr	ing 🗌	Summer	Year:	
CRN	Course Section ID (ex. BIOL 101-01)	<u>Course 1</u>	itle	Credits	Meeting Days/Time	
Total Number of Enrolled Credits in Term (including credits above):						
SIGN HERE Student's Signature:				Date:		
Registrar Use	Only					
Initials:	Date:				Rev. 1/25	
ramapo.edu →				505 Ramapo Valley Road Mahwah, NJ 07430		