



DATE OF REQUEST: _____

NAME: _____

RUID: _____

EMAIL: _____

CURRENT CLASS (please check one):

- 1st Year Freshman
- Sophomore
- Junior
- Senior

CURRENT CAMPUS AFFILIATION (please check one):

- Newark
- New Brunswick

I am requesting a change of campus affiliation **TO**:

- Newark
- New Brunswick

for the Fall _____ Spring _____ semester.
(Year) (Year)

Please explain (briefly) the reason for your request:

Student Signature: _____

You will be notified of the decision by email.

_____ **APPROVED EFFECTIVE** Fall _____ Spring _____ semester.
(Year) (Year)

_____ **NOT APPROVED**

Dean's Signature

Date

cc: Office of Student Services
Student