



Hepburn Hall, Room- 214  
 Email: [Registrar@njcu.edu](mailto:Registrar@njcu.edu)  
 Website: [www.njcu.edu/registrar](http://www.njcu.edu/registrar)  
 Phone: 201/200-3334 Fax: 201/200-2062

## NEW JERSEY CITY UNIVERSITY VISITING NURSING PROGRAM REGISTRATION FORM

### Applicant Information

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender: \_\_\_ M \_\_\_ F Ethnic Status: \_\_\_\_\_  
 Permanent Home Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ County Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Are you a US Citizen: Yes \_\_\_ No \_\_\_  
 I have been a legal resident of New Jersey for at least one year: Yes \_\_\_ No \_\_\_  
 I am a student currently enrolled at: College/University \_\_\_\_\_

#### Ethnic Codes

- 1-American Indian or Alaska Native
- 2-Asian
- 3-Black or African American
- 4-Hispanic / Latino
- 5-White
- 6 – Native Hawaiian or other Pacific Islander
- 7-Non-resident Alien

### Student Course Request

COURSE TITLE	DEPT	CAT#	CLASS #

#### New Jersey County Codes

- 99 - Out of State
- 01 - Atlantic
- 03 - Bergen
- 05 - Burlington
- 07 - Camden
- 09 - Cape May
- 11 - Cumberland
- 13 - Essex
- 15 - Gloucester
- 17 - Hudson
- 19 - Hunterdon
- 21 - Mercer
- 23 - Middlesex
- 25 - Monmouth
- 27 - Morris
- 29 - Ocean
- 31 - Passaic
- 33 - Salem
- 35 - Somerset
- 37 - Sussex
- 39 - Union
- 41 - Warren

Visiting students must present this form and a copy of your transcripts, showing all completed nursing work.

**ALL THE INFORMATION I HAVE PROVIDED IS TRUE. THIS IS TO CERTIFY THAT I HAVE COMPLIED WITH THE POLICIES AND PROCEDURES OF THE UNIVERSITY.**

Signature of Applicant (Required) \_\_\_\_\_ Date \_\_\_\_\_

Email this completed form and all required documentation to:  
 Maryanne Bedford, Assistant Director of Admissions, at [Mbedford@njcu.edu](mailto:Mbedford@njcu.edu)