



Hepburn Hall, Room- 214 Email: Registrar@njcu.edu
 Website: www.njcu.edu/registrar
 Phone: 201/200-3334 Fax: 201/200-2062

NEW JERSEY CITY UNIVERSITY HIGH SCHOOL VISITING STUDENT REGISTRATION FORM

Applicant Information

Name: _____ Social Security Number: _____
 Date of Birth: _____ Gender: ___M ___F ___Non-binary Ethnic Status: _____
 Permanent Home Address: _____
 City/State: _____ Zip: _____ County Code: _____
 Telephone Number: _____ E-mail Address: _____
 High School: _____ Graduation Year: _____

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

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

Signature of Applicant (Required) _____ Date _____

Authorization for Release

To Parent/Guardian: Please complete and sign this form to authorize disclosure of limited information from the student's HS educational records to the New Jersey City University Dual Enrollment Program.

I hereby voluntarily authorize the High School to release information to New Jersey City University Dual Enrollment Program. Specifically, I authorize disclosure of the following information: class schedules and student's planned/intended college/university enrollment upon graduation. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to the Dual Enrollment Program at New Jersey City University.

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

To the School: The student above is applying to the Dual Enrollment Program at New Jersey City University. Please forward copies of the student's educational records (as described in the Release) to:

**Attn: Dual Enrollment Program Staff
 New Jersey City University
 2039 John F. Kennedy Boulevard
 Science Building, Room 150
 Jersey City, NJ 07305-1597**