

NEW JERSEY CITY UNIVERSITY
DIVISION OF PROFESSIONAL AND LIFELONG LEARNING
NON-CREDIT REGISTRATION FORM

STUDENT/CONSUMER INFORMATION					
(Please print clearly)					
Gothic ID# (if known):		Social Security#:		(if no SS#, write NONE)	
Semester/Term:					
Student's Last Name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	
Passport # (optional):		Citizenship Country (if not USA):		Marital status (circle one) Single / Mar / Div / Sep / Wid	
Is this your legal name?	If not, what is your legal name?	(Former/maiden name):		Birth date (mm/dd/yyyy):	Age: Sex:
<input type="checkbox"/> Yes <input type="checkbox"/> No				/ /	<input type="checkbox"/> M <input type="checkbox"/> F
Street address:				Apartment/Floor:	
City:		State:	ZIP/Postal Code:	Country (if not USA):	
Email address (please print clearly):		Preferred contact phone number:		Additional phone number:	
		()		()	
OPTIONAL: Are you Hispanic/Latino?		<input type="checkbox"/> Yes <input type="checkbox"/> No		What is your native language (if not English)?	
OPTIONAL: Ethnic Origin (select one or more from the following):					
<input type="checkbox"/> American Indian/ Alaska Native		<input type="checkbox"/> Asian		<input type="checkbox"/> African American/Black (non-Hispanic)	
<input type="checkbox"/> White (non-Hispanic)		<input type="checkbox"/> Other			
Registration Status (please choose one):		<input type="checkbox"/> First Registration at New Jersey City University <input type="checkbox"/> Previously Registered at New Jersey City University			

Please List The Course(s) In Which You Wish To Enroll

CATALOG	COURSE#	REF#	COURSE TITLE	DEPARTMENT AUTHORIZATION (Course auditing ONLY) Printed name & signature of dept. representative
FIRST CHOICE:				
(ex.) NCD	291	1234	Introduction to Teaching K-12	
ALTERNATE CHOICE(S):				

PAYMENT

To register and pay by Credit Card (VISA, MasterCard, and Discover accepted ONLINE ONLY), please visit our website at www.njcu.edu/Register_Now.aspx.

Please note: Credit Cards and Debit Cards are NOT accepted in the Continuing Education office.

TOTAL PAYMENT: \$ _____ made by Check or Money Order payable to "New Jersey City University" may be returned in-person to Hepburn Hall room 201 or you may also mail your Registration to: Office of Continuing Education, Hepburn Hall 201, New Jersey City University, 2039 Kennedy Blvd., Jersey City, NJ 07305 USA.

Photo/Media Release/Withdrawal

(Please check box and sign and date in the signature area below)

I hereby grant permission to New Jersey City University to use still photograph, video image, motion picture, or voice of the student for New Jersey City University publications, news releases, grant projects, educational projects, student projects and New Jersey City University media advertising. I understand that withdrawal from a course must be made in writing at least three days before the start date of the course or 50 percent of the course price will be charged, and that there is no refund for withdrawal from a course on or after the start date of a course.

Signature: _____ (parent/guardian must sign for student under 18 years) Date: _____