



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 HIGH SCHOOL VISITING STUDENT 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: \_\_\_\_\_  
 High School: \_\_\_\_\_

#### 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**