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:** _____

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COURSE TITLE	DEPT	CAT#	CLASS #

New Jersey County Codes

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

_____ _____

Authorization for Release

To Parent/Guardian:

_____ _____

To the School:

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