

**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**