

**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**