

**NEW JERSEY CITY UNIVERSITY
REGISTRATION FORM**

NON-CREDIT COURSES

Check this box only if name or address has changed Semester _____

Soc. Sec. # _____ - _____ - _____ (Optional) Date of Birth: _____ Sex: Male Female

Name: _____
Last First (M.I.) Maiden

Address: _____
(#) Street

_____ *City State Zip*

Telephone: _____
Home Work e-mail address

Registration Status *(Please Check)*

- First Registration at New Jersey City University
- Previously Registered at New Jersey City University

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

REF#	DEPT.	COURSE#	COURSE TITLE	CR	LOCATION
FIRST CHOICE:					
ALTERNATE CHOICE:					

Payment

TOTAL PAYMENT \$ _____ is being made by:

Check or Money Order made payable to "New Jersey City University" is enclosed (write social security # on check)

OR

Please charge my credit card: VISA Mastercard Discover

_____|_____|_____|_____| - _____|_____|_____|_____| - _____|_____|_____|_____| - _____|_____|_____|_____| Exp. Date: _____

Signature (Required): _____ Date: _____

You may print and fax this form. Our Fax number is 201-200-3252 and is available on a twenty-four hour basis. You may also mail your registration to: Office of Continuing Education, New Jersey City University, 2039 Kennedy Blvd., Jersey City, New Jersey 07305. Please contact conted@njcu.edu for further information or assistance.