College Registration Application 2024

Date of Application	n:		
Name:		Age:	
Address:		City:	State:
Telephone:		Email:	_
Member College of	f NJSGC Registration	:	
College where pres	sently enrolled:		
Address:		City:	State:
College Major:		ent Status:(circle) Fresh. S	Soph Jr Grad (Other)
If status is "Other"	', please specify:		
Current Employme	ent:		
Address:			
Previous NJSGC R	Registrant? (circle) NC	YES When?	
In event of emerge	ncy notify:		
Name:		Telep	ohone:
Address:		Relat	tionship:
Course Name	Session Dates From - To	Credits	NJSGC Processing Fee Enclosed
Total enclosed:			
This reserves your enrol and pay tuition at your h	Ilment in the NJSGC course r nome institution which must be	equested. To receive credit from your one of our participating Member	SGC with this order form for the total amount of registering credit our college for your NJSGC hosted course you must also register r Institutions or make arrangements for transfer. The NJSGC ge Program 22 Magruder Road Fort Hancock, NJ 07732. For more

~ ~ ~ DO NOT WRITE BELOW THIS LINE ~ ~ ~

information visit our website www.njseagrant.org and click on Education then College Program or contact Rosemary Higgins College Program Coordinator at 732-872-1300 x19. The NJSGC reserves the right to cancel courses due to insufficient enrollment. Dates and times are also subject to

change. Visit our college course web page for the latest in course updates.

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