

College Registration Application 2025

Date of Application: _____ Student Number: _____

Name: _____ Age: _____

Address: _____ City: _____ State: _____

Telephone: _____ Email: _____ SSN: _____

Member College of NJSGC Registration: _____

College where presently enrolled: _____

Address: _____ City: _____ State: _____

College Major: _____ Current Status:(circle) Fresh. Soph Jr Grad (Other)

If status is "Other", please specify: _____

Current Employment: _____

Address: _____

Previous NJSGC Registrant? (circle) NO YES When? _____

In event of emergency notify:

Name: _____

Telephone: _____

Address: _____

Relationship: _____

Location	Dates From - To	Course	Grad or Under	CR*	Lab/Admin Fee Enclosed

Total undergraduate credits _____ Total graduate credits _____ *If no credit is desired please indicate 0

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

Fees	Amt. NJSGC	Dep. No.	Amt. NJSGC	Dep. No.	Amt. Member	Refund	Check No.
Tuition							
Administration/ Laboratory							
Registration							
SCUBA							
Advanced SCUBA							
Other							
Total Paid							