

303 University Avenue, Newark, NJ 07102
REGISTRATION FORM (Print clearly)

ESSEX COUNTY COLLEGE
 COMMUNITY AND CONTINUING EDUCATION
NON-CREDIT REGISTRATION FORM

SUMMER I SUMMER II FALL SPRING YEAR 20 _____

STUDENT INFORMATION
(Please print one letter per box)

SOCIAL SECURITY NUMBER										EMAIL ADDRESS										
LAST NAME										FIRST NAME										MI
MAILING ADDRESS															APARTMENT NUMBER					
CITY/TOWN										STATE					ZIP CODE					
DAY TELEPHONE NUMBER										EVENING TELEPHONE NUMBER										
DAY TELEPHONE EXTENSION										FAX NUMBER										

OPTIONAL INFORMATION - FOR STATISTICAL PURPOSES ONLY

Company Name _____

Male Female Birth Date _____ / _____ / _____

American Indian/Alaskan Native Hispanic/Latino Black/African American

White (Non-Hispanic) Asian/Pacific Islander Other _____

COURSE SELECTION SECTION

COURSE TITLE	COURSE NO.	SEC. NO.	TUITION	INFO SOURCE	INFO RECD BY	ENROLLED BY

Senior Citizen Waiver Section I am a resident of Essex County 80 years of age or older. _____ Signature for Senior Citizen Waiver	FEES	\$	What source was used to obtain course information (brochure, newspaper, agency referral, flyer, other)?	How did you obtain this information (mail, fax, in-person, phone, web page, email, other)?	How did you register (mail, fax, in-person, phone, web page, email, other)?
	*CEUs	\$			
	OTHER	\$			
	TOTAL	\$			

Make all checks payable to: Essex County College Visa MasterCard Money Order Check

Credit Card/Check/M.O. # _____ Expiration Date _____

Name on credit card/check _____ Staff Initials _____ Date _____

YOUR REGISTRATION HAS BEEN ACCEPTED UNLESS YOU ARE NOTIFIED OTHERWISE.

 STUDENT SIGNATURE CCE STAFF DEPT DATE