



JUMP START PROGRAM REGISTRATION FORM

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PLEASE PRINT

Student ID # _____

Month/Day/Year _____

Last Name _____ First Name _____ MI _____

Address _____

City and State _____ Zip _____ County of Legal Residence _____

Phone Number _____ Alternate Number _____

Email _____ Name of High School _____

Semester Year _____
(check one)

Fall Spring Summer 1

Summer 2 Summer 3

Have you previously taken Jump Start courses through Sussex?

Yes No

Check if your address has changed. SOCIAL SECURITY NUMBER: _____ - _____ - _____

COURSE CODE	COURSE NUMBER	SECTION NUMBER	COURSE NAME	CREDITS
			TOTAL CREDITS	

STUDENTS: *I have read, understand, and agree to the above policies and requirements.*

Student Signature: _____ Date: _____

High School: _____

PARENTS: *If student is under the age of 18, the parents must sign.*

Parent/Guardian Signature: _____ Date: _____

**For additional questions, contact
Julie Fliegel, Jump Start Coordinator | jfliegel@sussex.edu**