Office of the Registrar
(973) 300-2215 • sussex.edu
One College Hill Road • Newton, NJ 07860

REGISTRATION FORM

ID #: _____

☐ **Check if your address has changed.**

Date: _____ / _____ / _____

Last Name (please print)	**First Name:** **M.I**
Address:	
City and State: **Zip:** **County of Legal Residence:**	
Home Phone: **Alternate Phone:**	
E Mail Address:	

SEMESTER: (check one)

YEAR_____   FALL_____

SPRING_____ WINTERIM_____

SUMMER I_____   II _____

SOCIAL SECURITY NUMBER: ☐☐☐ - ☐☐ - ☐☐☐☐

Are you a Veteran student?
Yes_____   No_____

Are you a NJ STARS student?
Yes_____   No_____

MAJOR:_____**CHECK ONE: Degree_____   Certificate_____Non-Degree_____Certificate of Achievement_____**

COURSE and NUMBER	SECTION NUMBER	COURSE NAME	TIME BEGIN/END	DAY(S)	CREDITS
				TOTAL CREDITS	

Counselor/Advisor Signature:_____

- **My signature indicates that I accept responsibility for payment of all tuition and fees in accordance with posted fee payment schedules. I understand the refund policies printed in the College's handbook. I authorize Sussex County Community College under its guidelines and procedures to enforce all their non-payment policies. I agree to be responsible for all collection fees and penalties associated with failure to make payment as requested.**
- **All changes to your schedule (drops/withdrawals etc.) must be affected in writing in the Registrar's Office. Please check the academic calendar for refund dates.**
- **You may pay at the Bursar's Office in person or online at www.sussex.edu.**
- **Withdrawing from classes can affect your financial aid. Be sure to check with the Financial Aid Office before withdrawing.**
- **Veterans receiving VA education benefits must see the School Certifying Official to complete registration.**
- **The computer facilities at Sussex County Community College are to be used as a learning environment, and this demands that every student adhere to basic ethical principles and behavior. My signature indicates that I will adhere to this principle as well as those outlined in the Student Handbook under the College's Student Code of Conduct.**

☐   **I HAVE READ AND AGREE TO THE ABOVE SUSSEX COUNTY COMMUNITY COLLEGE REGISTRATION POLICIES.**

Student Signature:_____
(Parent Signature if student is under 18 years of age)

OFFICE USE ONLY		
College Placement Test		
Date Taken:	**English Courses Required**	**Math Courses Required**
Reached Proficiency:	ENGL009:	MATH010:
Waived - this semester only:	ENGL011:	MATH015:
SAT Waived: **Math:**		MATH017:
Reading: **Writing:**		MATH023:
Date: **Initials:**		MATH040: