Montclair State University
Office of Admissions

HI-JUMP VISITING UNDERGRADUATE STUDENT INFORMATION FORM

Complete Parts A and B and submit this form to Montclair State University, Gifted and Talented/Hi-Jump Program, One Normal Avenue, Montclair, New Jersey 07043. Telephone: 973-655-7158
A Check for the $25 non-refundable application processing fee must accompany this form.

Please check semester/session and year interested in attending:

Fall Semester ☐ Winter Session ☐ Spring Semester ☐ Summer Session ☐ Year: ☐☐☐☐

Part A

SID-Student Identification Number
Social Security Number

Last Name, First Name, M.I. Last Name must be followed by a comma (,) & a space. A period (.) must follow the middle initial

Street Line 1

Street Line 2

City **State** **Zipcode**

Area code **Phone Number** **Country** **Country (if other than U.S)** **M M D D Y Y**
Date of Birth

Sex M/F **Ethnicity (see below)** **NJ Resident (Yes-R, No-N)** **County of Residence (see below)** **Citizen** **Citizen if other than U.S**

ETHNIC CODES:
I=American Indian or Alaskan Native
O=Asian or Pacific Islander
B=Black not of Hispanic Origin
C=Cuban American
H=Hispanic
L=Latin American
M=Mexican American
P=Puerto Rican
W=White, not of Hispanic
X=Other

COUNTY CODES: **099=Out of State**

001=Atlantic	011=Cumberland	021=Mercer
003=Bergen	013=Essex	023=Middlesex
005=Burlington	015=Gloucester	025=Monmouth
007=Camden	017=Hudson	027=Morris
009=Cape May	019=Hunterton	029=Ocean
031=Passaic	033=Salem	035=Somerset
037=Sussex	039=Union	041=Warren

Have you ever been convicted of a crime? YES ☐ **NO** ☐

Name of school currently attending: _____ **Town:** _____

Interested Course of Study: _____
(Course Name, Course Code and Course Section)

PART B
Please read the following information and sign and date the form
I understand that registering for courses as a visiting student does not guarantee admission to Montclair State University. If I wish to become an undergraduate degree candidate at Montclair State University, I must file a formal application for admission with the Office of Admissions. As a visiting student, I understand that I am subject to all policies, procedures, and regulations of Montclair State University. The information I provide and attest to herein is true and accurate.

Legal Signature: _____ **Date:** _____

Print Form