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

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

ETHNIC CODES:

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