SOMERSET COUNTY TECHNOLOGY INSTITUTE
P.O. Box 6350 • Bridgewater, New Jersey 08807
(908) 526-8900, ext. 7250 • www.scti.org

REGISTRATION FORM

TO BE COMPLETED BY STUDENT

Term (Circle term/year) FALL SPRING SUMMER 20____

Are you a new student? ( ) Yes ( ) No
What is your current program?_____
Have you been a resident of Somerset County for the past 60 days? ( ) Yes ( ) No

Please Note: Federal and state governments require the Institute to submit summary information in the following areas. Your cooperation by completing this information will be appreciated. Individual information is not released.

Disabled Status:
☐ Vision ☐ Speech
☐ Hearing ☐ Cannot climb stairs
☐ Learning Disabled

Ethnic Group:
☐ Caucasian ☐ Hispanic ☐ Other
☐ Black ☐ Asian
☐ American Indian/Alaskan Native

Sex: ( ) Male ( ) Female

Marital Status:
( ) Single ( ) Married

CHECK COURSE DESCRIPTION FOR PREREQUISITES BEFORE REGISTERING						
COURSE CODE	SEC #	CREDIT	MEETING TIMES	DAY	ROOM	CREDIT/AUDIT?
TOTAL CREDITS						

_____
Signature of program supervisor required of matriculated students

FINANCIAL AID

	Code	Amount
Signature _____ *Financial Aid Officer*		

WHITE - Records YELLOW - Accounting PINK - Student

RF-2003

TO BE COMPLETED BY STUDENT

___ ___ ___ --- ___ ___ --- ___ ___ ___ ___
SOCIAL SECURITY NUMBER

(PRINT) LEGAL LAST NAME FIRST M.I.

STREET

CITY STATE ZIP COUNTY

MUNICIPALITY, BORO OR TOWNSHIP OF ACTUAL RESIDENCE

VEHICLE LICENSE NUMBER MAKE YEAR COLOR

HOME PHONE # ( ) _____ BUSINESS PHONE # ( ) _____

EMAIL ADDRESS _____

I CERTIFY THAT THE INFORMATION SUBMITTED IS ACCURATE AND COMPLETE

Signature (Required) _____ Date _____

FOR OFFICE USE ONLY

Application Fee	$_____
Tuition Charge	_____
Lab Fee	_____
Out of County Fee	_____
Enrollment fee	_____
PN Fees	_____
Graduation Fee	_____
_____	_____
_____	_____
Total Charge	$_____
Credit	$_____
Balance due at time of Registration	$_____
Date _____ **Amount Paid**	$_____
Balance Due	$_____

( ) Cash ( ) Check
( ) Credit Card (Please specify) _____ _____
Credit Card **Exp. Date**

PROCESSED BY: _____ **Date** _____

PAYMENTS

DATE	PAYMENT	BALANCE