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 _____
Lab & Case Packet _____
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 Number **Exp. Date**

PROCESSED BY: _____ **Date** _____

PAYMENTS

DATE	PAYMENT	BALANCE