

Please print clearly and complete all sections

## STUDENT DATA

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address (including apartment number) \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone  Home  Work  Cell

E-mail Address \_\_\_\_\_ Signature of Authorization \_\_\_\_\_  
I hereby certify that the information on this form is accurate and true.

Student ID Number \_\_\_\_\_ Gender:  Male  Female Date of Birth (MM/DD/YYYY) \_\_\_\_\_

### CAMPUS PARKING

- I decline campus parking
- I wish to have a permit for parking in Cranford  
(Complete the information below and add **\$10 parking fee**)
- I wish to have a permit for parking in Elizabeth  
(Complete the information below and add **\$65 parking fee**)

License Plate Number \_\_\_\_\_ State \_\_\_\_\_

Year, Make and Model of Car \_\_\_\_\_  
You must pick up your parking permit at the Public Safety Office,  
at which time you will be required to show a current vehicle registration.

The following questions are required by the U.S. Department of Health, Education, and Welfare, Title VI of the Civil Rights Act. Completion is voluntary.

**Sex:**  Male  Female

**Ethnicity:**  Hispanic  Non Hispanic  
 Declined to Identify

**Race:**  American Indian/Alaskan Native  
 Asian  
 Black/African American  
 Native Hawaiian/Pacific Islander  
 White  
 Declined to Identify

### COURSE SELECTIONS AND FEES

Please enter your course selections

Course Code-Number	Section Number	Course Title	Start Date (MM/DD/YY)	Course Fee

<b>OFFICE USE ONLY</b>	Pay Code _____ Amount _____	<b>Parking Fee (if applicable)</b>	<b>Total</b>
	Date _____ Cashier _____		

Make checks payable to **Union County College** and mail to:  
Continuing Education, Union County College, 1033 Springfield Avenue, Cranford NJ 07016-1599  
Phone (908) 709-7600 • Fax (908) 709-7070 • Email coned@ucc.edu



### NOTICES

Students are responsible for being aware of and following the Code of Conduct found in the Union County College Student Handbook, available at [www.ucc.edu/go/handbook](http://www.ucc.edu/go/handbook).

Participants using the College Fitness Center are required to be in good physical condition without an impairment or ailment that would prevent them from engaging in active or passive exercise that would be harmful to their health, safety, comfort or physical condition. All participants should have their physician's approval to use the Fitness Center. Participants using the College Fitness Center facilities, services, programs or equipment do so at their own risk.

Union County College does not discriminate and prohibits discrimination, as required by state and/or federal law, in all programs and activities, including employment and access to its career and technical programs.