

**MIDDLESEX COUNTY COLLEGE
EDISON, NEW JERSEY**

**SUMMER 2003 PROGRAM
FOR HIGH SCHOOL STUDENTS**

JOINT ENROLLMENT APPLICATION

This form is to be completed by high school students who wish to enroll for a summer course(s) at Middlesex County College while still enrolled in school at the secondary level. All students must complete sections 1 & 2; parents/guardians must complete section 3; the student's guidance counselor must complete section 4.

Students pay full tuition and fees for Summer Courses.

Please send this completed form, and payment (New students please include \$25.00 application fee) to:

*Middlesex County College
Office of School Relations
Chambers Hall
2600 Woodbridge Ave. - P.O. Box 3050
Edison, New Jersey 08818-3050*

Phone 732.906.2509 Fax 732.906.7709

-Please Type or Print Neatly--

1. GENERAL DATA - STUDENT INFORMATION:

Name _____ Social Security Number _____

Street Address _____

City _____ County _____ State _____ Zip Code _____

Telephone # _____ Email Address _____ Birth Date _____

School in Which Presently Enrolled _____ Grade Level (As of Sept. 2002) _____

Address of Present School _____ M _____ V _____
SAT Scores (Attach Copy)

2. REGISTRATION INFORMATION:

I would like to enroll in:

Course(s) and Section #(s)

Course Title(s)

3. PARENTAL APPROVAL- To be completed by parent or guardian.

I hereby grant approval for _____ to enroll at Middlesex County
Student's Name

College on a part-time basis for the _____ summer session.
Year

Parent's/Guardian's Name (Please Print)

Signature

Date

4. To be Completed by the HIGH SCHOOL GUIDANCE COUNSELOR.

To the guidance counselor: High School students may be accepted into a part-time program of study only on the basis of academic ability and emotional maturity as attested to by the student's guidance counselor. If you support this individual's application, sign below. Feel free to expand upon your recommendation and share any additional information with us regarding this student.

I believe that _____ has met the prerequisites and has both the
Student's Name

academic ability and emotional maturity to successfully complete the course noted in section 2.

Counselors Name (Please Print)

Signature

Date

- ***PARENTS/GUARDIANS PLEASE NOTE: Students will be taking classes on a College campus, in an unsupervised, open environment. We recommend door to door pick up and delivery of all high school students. We also wish you to know that books are required for the first day of class and can be purchased at the College Bookstore on campus or on line at www.bluecoltbookstore.com.**
- **Students under the age of 17 who wish to participate in off-campus events for which transportation is provided must be accompanied by an adult.**