

COLLEGE OF ST. JOSEPH
STUDENT SERVICES OFFICE

COMMUTER REGISTRATION APPLICATION

NAME: _____
Last First Middle

MALE FEMALE DATE OF BIRTH: _____

SOCIAL SECURITY NO: _____ - _____ - _____

TELEPHONE NO: () _____

ENROLLMENT STATUS: NEW TRANSFER GRAD.STUDENT

FULL TIME _____ PART-TIME _____

ACADEMIC MAJOR: _____ UNDECIDED

PERMANENT ADDRESS: _____
Street

_____ City State Zip

FATHER OR GUARDIAN'S NAME: _____

DAY TELEPHONE: () _____

MOTHER OR GUARDIAN'S NAME: _____

DAY TELEPHONE: () _____

WOULD YOU LIKE TO RECEIVE INFORMATION ABOUT A MEAL PASS? ___ YES ___ NO

WILL YOU BE BRINGING/DRIVING A CAR TO THE CSJ CAMPUS? ___ YES ___ NO

MAKE _____ MODEL _____ COLOR _____

YEAR _____ STATE _____ PLATE NUMBER _____

DATE: _____
Signature of Student

Signature of Parent if not 18 years of age

TELEPHONE: _____ RELATIONSHIP _____