

New Challenger Students must submit this completed application, including the \$30 non-refundable application fee, to the Admissions Office. Make checks payable to County College of Morris.

CCM ID Number (office use only): _____

Applying for: Fall Winterim Spring Summer Year _____

Last Name First Name MI

Mailing Address: _____ Apt./Bldg. No.: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone: (_____) _____ Email Address: _____

Cell Phone: (_____) _____ Social Security Number (required): _____ - _____ - _____

How long have you lived in NJ? _____ Birth Date (required): _____ Age: _____

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New Challenger Students must submit the Registration Form in-person to the Office of Records & Registration.

Fall Winterim Spring Summer Year: _____ CCM Student ID: _____

Last Name First Name MI

Date of Birth: _____ Age: _____

Course Selection

Section	Title	Days	Time	Credits
804111	(EXAMPLE) Composition 1	Wed, Fri	8:30 - 9:45	3
TOTAL CREDITS				

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CHALLENGER PROGRAM APPLICATION

Ethnic Code (*optional*):

- | | |
|---|---|
| <input type="checkbox"/> Black, Non-Hispanic
<input type="checkbox"/> American Indian / Native American or Alaskan Native
<input type="checkbox"/> Asian or Pacific Islander (India, China, etc.) | <input type="checkbox"/> Latino / Hispanic
<input type="checkbox"/> White, Non-Hispanic
<input type="checkbox"/> Other / Choose Not to Answer |
|---|---|

Gender (*optional*): Male Female

High School: _____ Expected Graduation Date: _____

- Citizenship:
- U.S. Citizen
 - Permanent Resident (*must bring original Permanent Residency Card to the Admissions Office*)
 - Non-citizen, Employment Authorization (*must bring Employment Authorization Card to the Admissions Office*)
 - Non-citizen, Visa Type: _____ (*must bring Visa and I-94 Arrival/Departure Card to the Admissions Office*)
 - Non-citizen, non-green card holder.

I certify to the best of my knowledge that the information is correct and that falsification of information may subject me to dismissal from college. I am aware that I may not register for classes without the permission of my parents and a high school counselor.

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY	<input type="checkbox"/> P0001 Challenger	<input type="checkbox"/> P0003 Academy
	<input type="checkbox"/> P0008 EDAM	<input type="checkbox"/> P0009 Cyber Security

County College of Morris 2019 - 2020

CHALLENGER REGISTRATION FORM

Alternate Course Selection (*strongly recommended*)

Section	Title	Days	Time	Credits
804111	(EXAMPLE) Composition 1	Wed, Fri	8:30 - 9:45	3
TOTAL CREDITS				

If your course of interest requires a prerequisite, please indicate how it has been satisfied:

- College Course Completion - Where was this course taken?: _____
- Attach a waiver form from the academic department.
- Testing; please indicate date: College Placement Test: _____ College Level Math (CLM) Test: _____

Academic Dean/Department Chairperson Signature
(required for students age 15 or younger) Date: _____

Applicant's Signature: _____ Date: _____

Guidance Counselor's Signature: _____ Date: _____

County College of Morris 2019 - 2020