Hudson County Community College is honored to be able to provide educational opportunities and services to the women and men who serve and have served the United States as members of our armed forces. Assistance to service members is available through the College’s Veterans Affairs Advisor, who provides information about taking courses at the College, and who helps in applying for benefits, certifying enrollment, and maintaining accurate student-status records. The HCCC Veterans Affairs Advisor may also refer service members pursuing their education here to the College’s many counseling and advisement departments.

In order to process benefits, veterans must supply the HCCC Veterans Affairs Advisor with proper documentation.

**SERVICE MEMBERS’ ADMISSION PROCESS**

To apply

1. Complete the Application for Admission.

2. Only if using National Guard: Visit the College’s Financial Aid Department. National Guard members are required to apply for Financial Aid. If denied, National Guard members may use the Commander’s Certification Form and submit their high school diploma, transcript, or official GED scores to the HCCC Veterans Affairs Advisor.

3. Supply the official transcript(s) from all colleges you previously attended, including any military transcripts.

4. Provide immunization records for first and second MMR and Hepatitis B.

5. Take the College Placement Test (CPT) at the HCCC Testing and Assessment Center. Those who have completed college course work, or have taken the SAT or ACT, may be exempt from taking the CPT. For details, visit the Testing and Assessment web page for testing exemption criteria, testing schedules, and sample tests.

6. Visit with an advisor in the Center for Academic and Student Success (CASS).

**RECEIVING YOUR WRITTEN REGISTRATION FORM**

Bring proof of registration to your Veterans Affairs Advisor. Service members should access MvHudson and print their schedules to provide as proof of registration. Service members should also be prepared to provide copies of the following documents: Commander’s Certification and Notice of Basic Eligibility (if applicable). You will need to complete Enrollment Certification and Application for Educational Benefits. (Continuing students only need to complete the Enrollment Certification.)
**REGISTRATION & ADD/DROP FORM**

**Student ID Number**

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Please visit the Bursar’s Office or use Student Self-Service for your tuition/fees account summary. (www.hccc.edu/myhudson)

**Office Use Only:**

☐ EOF - Scan & Forward

**STUDENT’S AGREEMENT:** I accept responsibility for my course selection and other information provided on this form. I understand that academic counseling is available to assist me with course selection. I understand that I must access MyHudson/Liberty Link to verify my enrollment status and account. I have/will read the back page of this form which provides additional details on my enrollment. I agree to pay all charges, collection fees, interest, and attorney fees necessary for collection of my past due account. (see reverse side of this page)

Non-attendance in class does not constitute withdrawal.

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Student Signature: __________________________ Date: __________

Advisor’s Signature: __________________________ Phone Ext.: __________ Print Name: __________________________ Date: __________

Original to Student: __________________________ Copy to Enrollment Services: __________________________

rev. 8.2015
RECEIVING YOUR COMPUTERIZED REGISTRATION FORM

When you receive your computerized registration form – All service members who are receiving benefits through the Montgomery GI Bill Active Duty or Selected Reserve MUST verify their enrollments on a monthly basis in order to receive payments. Verification may be done by using the Web Automated Verification of Enrollment (WAVE) application or by using an automated telephone system (IVR) at (877) 823-2378 and following the prompts.

(See example copy below)
CHANGES IN STUDENT STATUS

All changes to a service members enrollment status must be reported to your HCCC Veterans Affairs Advisor, including withdrawals and add/drops. Failure to report these changes may result in an overpayment by the Regional Processing Office, and overpayments will be deducted from future allotments.

You may view various military entitlements at www.gibill.va.gov.

THE DEPARTMENT OF VETERANS AFFAIRS

The Veterans Affairs Office is located at 70 Sip Avenue, Jersey City, NJ 07306.

As your Veterans Affairs Counselor, I would like to welcome you to Hudson County Community College. I hope that your visit with us is a wonderful educational endeavor. As long as you follow the rules and guidelines, your stay should be a successful and rewarding experience.

If you have any questions, call the Veteran Affairs Counselor at (201) 360-4135. Please be advised that our buildings are alphabetically coded.

(See Building Assignments on Maps)
A $25 non-refundable application fee is due when you apply. Application fee expires after one year.

Social Security Number ___________ - ________ - __________ Date ___________ / ________ / ________

(Required if filing for federal financial aid-PELL Grant) (If you are claiming an educational credit with the IRS, you must submit your SS#.)

Required for Financial Aid and Tax reporting purposes. You may provide a TIN (tax id number) en lieu of a SSN.

Admit status (check the category which best describes your enrollment status)  ❑ Full-Time ❑ Part-Time
❑ New Student (First time college student) ❑ Returning Student ❑ Visiting (Currently enrolled at another college) ❑ Transfer (Previously attended another college/university and have earned credit)

Will you be pursuing a degree or certificate at HCCC? ❑ Yes ❑ No (non-matriculated students are limited to 11 credits)

Program in which you want to major:  Select Program Code ____________________________ (See attached list or visit www.hccc.edu/programs)

❑ Undecided (Liberal Arts general)

SEMIESTER APPLYING FOR (Please check one) ❑ Fall 20____ (Sept.) ❑ Spring 20____ (Jan.) ❑ Summer 20____ (May, June, July) ❑ Winter Session 20____ (6 week Jan.)

Last Name ___________________________ First ___________________________ Mi ___________

Previous Name(s) ____________________________________________________________

Street Address ____________________________________________________________ Apt. _____________________________

City ___________________________ State ______ Zip Code __________ County __________ Country ___________________________

How long have you lived in the state of NJ? ___________ years ___________ months

Country of Birth ____________________________________________________________

Date of Birth ___________ / ___________ / ___________

Telephone: Cell (____) ___________ - ___________ Home (____) ___________ - ___________ Work (____) ___________ - ___________

E-mail address ___________________________________________________________ (please print clearly)

Citizenship Status:
❑ US Citizen ❑ Permanent Resident (Must provide a copy of permanent residency card) ❑ Non-citizen ❑ International Student Specify Visa type ____________________________ Expiration date ___________ / ________ / ________

(Must provide copy of I-94 card)

If you are an International Student, do you wish HCCC to issue an I-20? ❑ Yes ❑ No

(International Students must request and complete an International Student Application)

For more information please review www.hccc.edu/internationalstudents

High School Education:
❑ Graduated ❑ Attended- did not graduate ❑ Attended high school outside of US (foreign high school)
❑ Home Schooled ❑ Never attended high school

Name of High School __________________________ City ___________________________ State: __________

Start date (mm/yyyy) ___________ / ___________ / ___________ End date (mm/yyyy) ___________ / ___________ / ___________

Graduation or anticipated graduation (mm/yyyy) ___________ / ___________ / ___________

Foreign High School Information:

Name of High School __________________________ City __________________________

Country __________________________

Do you have an equivalency diploma (GED)? ❑ Yes ❑ No If Yes, from what state? ___________ In what year? ___________

Did you participate in the Project LEAP Program or did you complete any courses through HCCC while still in high school? ❑ Yes ❑ No
Are you a service member?  □ Yes  □ No

Or a spouse or a child of a service member?  □ spouse  □ child
If yes, you may be eligible for Veterans’ educational benefits. Please e-mail Veterans@hccc.edu for more information.

Do you plan to transfer credits from your previous college(s)?  □ Yes  □ No

List ALL colleges or institutions attended beyond high school. (To list additional schools, please use a separate piece of paper.)

a. Name of school ______________________________________________________
   Dates attended ___________________________ to ___________________________
   City ___________________________ State _____ Credits in process _____ Credits earned _____
   Degree earned ___________________________

b. Name of school ______________________________________________________
   Dates attended ___________________________ to ___________________________
   City ___________________________ State _____ Credits in process _____ Credits earned _____
   Degree earned ___________________________

(Students seeking to have credits evaluated and potentially transferred from another college or university must submit an official transcript to the Office of Enrollment Services - 70 Sip Avenue, Jersey City, NJ 07306).

Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers, and our own college/university communities, to describe the racial/ethnic backgrounds of students and employees. In order to respond to these requests, we ask you to answer the following two questions:

Do you consider yourself to be Hispanic/Latino?  □ Yes  □ No

In addition, select one or more of the following racial categories to describe yourself:
   □ American Indian or Alaska Native
   □ Asian
   □ Black or African American
   □ Native Hawaiian or Pacific Islander
   □ White
   □ Male    □ Female

I certify to the best of my knowledge that the information is correct and that falsification of information may subject me to dismissal from HCCC. Also, if I am applying for a matriculated program it is my responsibility to have an official copy of my high school transcript or GED certificate, and college transcript(s), if required, sent to the Office of Enrollment Services.

Applicant’s Signature ______________________________________________________

Print Name: (F)__________________________________________ (L)__________________________________________

Parent’s or Guardian’s Signature ____________________________________________
(For applicants under 18 years of age)

Hudson County Community College does not discriminate on the basis of race, color, creed, sex, sexual orientation, national origin, age, religion, veteran or marital status, or disability in its employment practices or educational programs. Inquiries regarding compliance with federal or state anti-discrimination laws may be directed to the Affirmative Action Officer.