



THE ADULT TRANSITION CENTER

973.300.2135 | vhoskin@sussex.edu

PLEASE PRINT

Student ID # _____

Month/Day/Year _____

Last Name _____

First Name _____

MI _____

Address _____

City and State _____

Zip _____

County of Legal Residence _____

Phone Number _____

Alternate Number _____

Semester Year _____
(check one)

FALL

SPRING

Email _____

Name of High School _____

Check if your address has changed. SOCIAL SECURITY NUMBER: _____ - _____ - _____

COURSE CODE	COURSE NUMBER	SECTION NUMBER	COURSE NAME	CLOCK HOURS
			TOTAL CLOCK HOURS	

STUDENTS: *I have read, understand, and agree to the above policies and requirements.*

Student Signature: _____ Date: _____

PARENTS/LEGAL GUARDIAN: *If student is under the age of 18, the parents/guardian must sign.*

Parent/Guardian Signature: _____ Date: _____

**For additional questions contact
Vicky Hoskin, ATC Coordinator | 973-300-2135 | vhoskin@sussex.edu**