ROWAN COLLEGE AT BURLINGTON COUNTY
REGISTRATION FORM

300 College Circle, Mt. Laurel, NJ 08054-9414 • (856) 222-9311, ext. 2530
NO REGISTRATIONS ARE ACCEPTED WITHOUT PAYMENT
PLEASE INCLUDE YOUR CHECK OR MONEY ORDER WITH THIS FORM
PLEASE DO NOT INCLUDE ANY CREDIT CARD INFORMATION ON THIS FORM.

ALL AQUATICS CLASSES ARE LOCATED ON THE PEMBERTON CAMPUS

NAME _____
       LAST   FIRST   MI

COMPANY NAME _____

ADDRESS _____
            STREET

_____
  CITY   STATE   ZIP

EMAIL _____

PHONE _____ BIRTH DATE _____

(Please supply a DAYTIME phone number in the event of cancellations)

DEPT CODE	CAT CODE	SECTION	COURSE TITLE	START DATE	END DATE	DAY(S)	TIME	LOCATION	COST
								TOTAL COST	

GENDER
❏ Female ❏ Male

RACE/ETHNIC GROUP
❏ American Indian
❏ Asian/Pacific Islander
❏ Black/African American *(Not of Hispanic origin)*
❏ Hispanic
❏ White *(Not of Hispanic origin)*
❏ Non-Resident Alien

Federal Reporting: This voluntary information is to be used for Federal Reporting purposes only.

PAYMENT RESPONSIBILITY ACKNOWLEDGMENT

My signature confirms that I understand that when I register for any class at Rowan College at Burlington County, I accept full responsibility to pay all tuition, fees and other associated costs assessed as a result of my registration. **I understand and accept that my responsibility cannot be relinquished until I complete an official withdraw prior to the start of class.** I also understand that if a payment made to my student account is returned by the bank for any reason, I agree to repay the original amount of the payment plus a returned payment fee.

_____
REGISTRATION SIGNATURE *(Parents, please sign for children)*   DATE

IF ANY CHOSEN CLASS IS FILLED, PLEASE:
❏ Place my name on a waiting list for that same class.
❏ Call me to schedule a different class.
❏ Process a refund.

Highest education level achieved:
❏ Less than High School
❏ High School/GED
❏ Some College
❏ College Level Certificate
❏ Associate Degree
❏ Bachelor's Degree
❏ Master's Degree or Higher

Are you a resident of Burlington county?
❏ Yes   ❏ No

If no, please answer the following:

County, if a NJ resident:
_____

State, if not a NJ resident:
_____

Is English your native language?
❏ Yes   ❏ No

If no, please specify:

— OFFICE USE ONLY —

AMT. REC'D. _____ REC'D BY _____ ID # _____