



# NON-CREDIT COURSE CHANGE REQUEST

Name \_\_\_\_\_ Student ID No. \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Day Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

## DROP

COURSE NUMBER	SECTION	COURSE TITLE	DATE/START	DATE/END	DAY(S)/TIME	LOCATION	FEE

## ADD

COURSE NUMBER	SECTION	COURSE TITLE	DATE/START	DATE/END	DAY(S)/TIME	LOCATION	FEE

## 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

PARENTS PLEASE SIGN FOR CHILDREN

Please provide a daytime phone below,  
in the event of cancellations.

CHECK # \_\_\_\_\_

M.O # \_\_\_\_\_

### OFFICE USE ONLY

AMT. REC'D. \_\_\_\_\_

REC'D. BY \_\_\_\_\_

ID # \_\_\_\_\_