


APPLICATION FOR ADMISSION FOR FIRST-TIME STUDENTS MUST BE PROCESSED BEFORE USING THIS FORM.

DO NOT USE THIS FORM IF you have not attended the College within the last three years. You must first complete an application for admission found at rcbc.edu/admissions.

I.D. NO.	 Rowan College at BURLINGTON COUNTY		<h2 style="margin: 0;">CREDIT COURSE REGISTRATION FORM</h2>		FOR OFFICE USE ONLY Request to Override Financial Hold Approved by: _____ Business Office Signature Date: _____ _____ Registration Office Signature Date: _____
PRINT ADVISOR NAME					ADVISOR'S SIGNATURE
LAST NAME					FIRST NAME
ADDRESS					
CITY/COUNTY		STATE	ZIP CODE		
PHONE NUMBER	RCBC EMAIL				

For Year 20_____
 Fall
 Spring
 Summer I
 Summer II
 Mini Term _____

SUBJECT	COURSE NO.	SECTION NO.	LOCATION	COURSE TITLE	CREDIT	DAY	TIME
Total Credits							

FORM 42200-025A_ONLINE REV. 0118

PLEASE READ CAREFULLY BEFORE SIGNING:

- My signature on this form confirms my intention to attend all course(s) listed above and confirms that I am academically prepared and/or meet the defined requirements for the course(s).
- I understand that academic advisors are available to assist all students of Rowan College at Burlington County and I am strongly encouraged to see one prior to registering for course(s) listed above. I certify that in the absence of an advisor's signature above, I am choosing to register without the benefit of academic advisement.
- I understand that I am responsible for all costs associated with my courses, including tuition and applicable fees, whether or not I receive any educational benefits or assistance. I also understand that all applicable charges and fees must be paid by the established due dates. Due dates are found online at rcbc.edu/businessoffice.
- I understand and accept that if my account becomes overdue, a hold will be placed on my account. At that time, my account may be forwarded to an outside agency and additional fees assessed.
- I understand that I am responsible to drop online through my WebAdvisor account or by submitting a completed ADD/DROP form electronically through my RCBC email to registration@rcbc.edu or in-person at the Office of the Registrar, 900 College Circle, Student Success Center 2nd Floor, Mount Laurel, NJ 08054.
- I understand and accept that it is my responsibility to drop my course(s) by completing the drop process within the specified add/drop period listed on the Academic Calendar at rcbc.edu/academic-calendar.

Student's Signature: _____ Date: _____

PAYMENT INFORMATION: To pay by credit card or set up a payment plan, please visit the Business Office website at rcbc.edu/businessoffice.

SUBMIT FORM electronically through your RCBC email to registration@rcbc.edu or in-person at the Office of the Registrar, Office of the Registrar, Student Success Center, 2nd Floor, Mount Laurel, NJ 08054.