

SPECIAL APPLICATION FOR HOME-SCHOOLED STUDENTS

APPLICANT PERSONAL INFORMATION

Social Security Number _____

Last Name _____ First _____ Middle _____ Birth Date _____ Age _____

Street Address _____ City _____ Zip _____ High School _____ Anticipated Grad. Date _____

Telephone _____ High School Year (Fr./Soph./Jr./Sr.) _____

Gender: Male Female

Race/Ethnic Group: African American (not of Hispanic origin) Hispanic
 Asian/Pacific Islander American Indian
 Alaskan Native White (not of Hispanic origin)

What is your primary goal in attending RCBC?

To complete an RCBC degree and transfer to another college To prepare to transfer to a four-year school
 To take English as a Second Language For job advancement/improve skills
 To complete a certificate To take classes as a non-degree student and transfer back to my home college
 To complete an associate degree

Have you completed any courses at Burlington County College or Rowan College at Burlington County? Yes No

If yes, which one(s): _____

COLLEGE COURSE(S) RECOMMENDED BY HIGH SCHOOL GUIDANCE COUNSELOR

Indicate Semester/Term you plan to enter: Fall Spring Summer Session I Summer Session II

DEPT.	COURSE NO.	SECTION	LOCATION	COURSE TITLE	INSTRUCTOR	CREDIT	DAY	TIME
TOTAL CREDITS								

My signature on this form confirms that I am academically prepared and/or meet the defined course pre/corequisites and any basic skills testing requirements. My signature also affirms an intention to attend the courses listed above. I acknowledge that my actions create a financial obligation to the RCBC and I agree to pay all applicable charges by the due date established by the college. I understand and accept that my responsibility cannot be relinquished until I complete the drop process online or submit a completed drop form prior to the first day of the semester/term.

I understand and agree that I will receive a 100% refund if the drop is before the first day of the semester/term. In addition I understand and agree that if I drop **after** the first day of the semester/term, I will owe 50% of the bill and agree to pay for the classes I dropped. Overdue accounts will be sent to an outside agency. I understand I will be responsible for any assessed fees charge by the collection agency to my collection account. The additional fee is a flat percentage of the initial delinquent balance.

Student Signature _____ Date _____

ATTENTION PARENTS/GUARDIANS OF HOME-SCHOOLED STUDENTS:

Verification of home-schooled students is required. Verification can be made by either (a) School District Representative's signature or (b) Parent/Guardian signature certifying the student's home-schooled status and approval of enrollment in the listed course(s).

(A) District Representative _____ Date _____

OR

(B) Parent/Guardian Signature _____

Relationship _____ Date _____