



400 Paramus Road  
Paramus, New Jersey  
07652-1595  
(201) 447-7100

**BERGEN EXPERIENCE PROGRAM PERMISSION SIGNATURE FORM**

**To be completed by your high school principal or guidance counselor:**

The above named student has my permission to attend Bergen Community College as a Bergen Experience student. S/he is an outstanding student whose overall GPA is 3.0 or better, and is academically and emotionally ready to take college-level courses.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Phone: \_\_\_\_\_

**To be completed by your parent or guardian:**

I understand that this form is an application to attend Bergen Community College for one semester as a part-time, non-degree student. I certify that the above information is true and correct to the best of my knowledge. I agree to abide by the policies and regulations of the College, including program and course requirements and prerequisites.

*I certify that all information I have supplied on this form is accurate and complete. I understand that any misrepresentation of facts may constitute cause of cancellation of my registration and/or dismissal. I acknowledge that I will drop/add classes prior to the start of the semester so as not to incur additional fees. Should changes occur to my schedule after the start of the semester, I will be responsible for payment of any and all fees. I am aware of the College's current payment/refund policies. (This form will be returned to you unless it is signed and dated).*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_