

Note:

Check the Registration Calendar for specific registration dates. If you wish to AUDIT a class, please check the box indicated for Audits. (Financial Aid not available for Audit classes). Visiting Students: Please go to [www.bergen.edu/visiting](http://www.bergen.edu/visiting) for details

**Name (First, Last, MI):** \_\_\_\_\_ **Bergen College ID:** \_\_\_\_\_

**Cell Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_

go.bergen.edu Term: <b>Fall</b> 2018 Number of Weeks: Select	<b>ADD DROP</b>	<b>DEPT CODE</b>	<b>COURSE</b>	<b>SECTION</b>	
	<b>EXAMPLE</b>	<b>MAT</b>	<b>130</b>	<b>004</b>	
<input type="checkbox"/> - Fall 1 (15 weeks) <input type="checkbox"/> - Fall 2 (13 weeks) <input type="checkbox"/> -Flex 1 (7 weeks) <input type="checkbox"/> - Flex 2 (7 weeks)	<input type="checkbox"/> - ADD <input type="checkbox"/> - DROP <input type="checkbox"/> - Withdraw				PLEASE REVIEW IMPORTANT DATES ON REVERSE SIDE.
<input type="checkbox"/> - Fall 1 (15 weeks) <input type="checkbox"/> - Fall 2 (13 weeks) <input type="checkbox"/> -Flex 1 (7 weeks) <input type="checkbox"/> - Flex 2 (7 weeks)	<input type="checkbox"/> - ADD <input type="checkbox"/> - DROP <input type="checkbox"/> - Withdraw				
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- I certify that all information I have provided on this form is accurate and complete.
- I understand that any misrepresentation of facts may constitute cause for cancellation of my registration and/or dismissal.
- I understand that I am responsible for payment of the tuition and fees by the payment due dates and that failure to do so may result in my registration being deleted.
- I acknowledge that it is my responsibility to follow policies regarding payments, refunds and deadlines.
- I understand I may drop and/or add courses to my schedule without a processing fee up the day before the semester begins. After the semester begins, a processing fee will be charged. See Registration Calendar for dates.
- I understand that I **MUST** regularly check my BERGEN EMAIL and web advisor (my.bergen.edu) for updates and changes.

I have read and understand the terms of enrollment and agree to abide by the College's policies as stipulated above. Initials \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_