REGISTRATION FORM
⭐ FALL ⭐ 2019

Note:

Check the Registration Calendar for specific registration dates. Payment, and the Arrangement for Payment, is Due at Time of Registration

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

Cell Phone: (_____)_____

Term: -Fall- 2019	ADD DROP	DEPT CODE	COURSE	SECTION	
	EXAMPLE	**MAT**	**130**	**004**	
❑ - Fall 1 (15 weeks) ❑ - Fall 2 (13 weeks) ❑ -Flex 1 (7 weeks) ❑ - Flex 2 (7 weeks)	❑ – ADD ❑ – DROP ❑ – Withdraw				
❑ - Fall 1 (15 weeks) ❑ - Fall 2 (13 weeks) ❑ -Flex 1 (7 weeks) ❑ - Flex 2 (7 weeks)	❑ – ADD ❑ – DROP ❑ – Withdraw				
❑ - Fall 1 (15 weeks) ❑ - Fall 2 (13 weeks) ❑ -Flex 1 (7 weeks) ❑ - Flex 2 (7 weeks)	❑ – ADD ❑ – DROP ❑ – Withdraw				
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❑ - Fall 1 (15 weeks) ❑ - Fall 2 (13 weeks) ❑ -Flex 1 (7 weeks) ❑ - Flex 2 (7 weeks)	❑ – ADD ❑ – DROP ❑ – Withdraw				

PLEASE REVIEW IMPORANT DATES on REVERSE SIDE.

➢ 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: _____