



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 | |
| <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: _____