

Bergen Community College
Division of Continuing Education, Corporate and Public Sector Training
Registration Form (Please print clearly)

Student ID No.: _____

Last Name: _____

First Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone #: _____ Work Phone #: _____

E-mail Address (Required): _____

FEDERAL REPORTING: Both State and Federal Governments require that we submit information on our students' characteristics. Your response is voluntary, but will help us to implement our affirmative action policy. BCC is an equal opportunity institution. This information does not affect admission or placement.

Male Female **DOB:** _____ (Required)

How did you hear about the course/program?

Friends/Relative Catalog Agency
 Employer Other _____

What best describes you:

Black/African American Hispanic/Latino Asian
 American Indian/Alaskan Native Caucasian Hawaiian or Pacific Islander
Other: _____

Course #	Section #	Course Title	Start Date	Day/s (Circle)	Cost
				M T W TH F S SU	
				M T W TH F S SU	
				M T W TH F S SU	
				M T W TH F S SU	
TOTAL					

VISA/MC/AMEX/DISCOVER #: _____

Exp. Date: _____ Security Code: _____

Signature: _____ Date: _____

(As name appears on card)

<p>REFUND POLICY: To receive a full refund, a student must withdraw 5 business days before a class begins. NO REFUNDS WILL BE GIVEN THEREAFTER. ALL REFUND REQUESTS MUST BE IN WRITING. Refunds take 4-6 weeks to process and mail. Advised: _____</p>	<p>Please make checks payable to: BERGEN COMMUNITY COLLEGE and mail with completed registration form to: Bergen Community College 400 Paramus Road, TEC-115, Paramus, NJ 07652 Tel: 201-447-7488 Fax: 201-447-7861</p>	<p style="text-align: center;">FOR OFFICE USE</p> <hr/> Rec: _____ Ent: _____ Date: _____ Notes: _____
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NO CONFIRMATION WILL BE SENT. GO TO THE FIRST SCHEDULED CLASS, UNLESS OTHERWISE NOTIFIED. WWW.BERGEN.EDU/CONTINUINGED