



REGISTRATION FORM

★ SUMMER ★ 2017

Note:

Please ensure that you are cleared to register at the One Stop station - 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 for details

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

Cell Phone: (_____) _____

Example: ... MAT-130-004 Contemporary Math >>>>DEPT would be MAT then COURSE 130 and SECTION 004

go.bergen.edu Term: Summer 2017 - Number of Weeks: Select	ADD DROP	DEPT CODE	COURSE	SECTION	Audit ✓
<input type="checkbox"/> - Summer 1 (6 weeks) <input type="checkbox"/> - Summer U (11 weeks) <input type="checkbox"/> - Summer 2 (6 weeks) <input type="checkbox"/> - Summer 2 (3 weeks)	<input type="checkbox"/> - ADD <input type="checkbox"/> - DROP				
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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 acknowledge that I may drop/add classes prior to the start of semester so as not to incur additional fees. Should changes occur to my schedule after the start of the semester, I am responsible for the payment of tuition and fees. I understand I am responsible in familiarizing myself with Bergen Community College's payment, refund policies and dates.

I will regularly review my email and student portal account (my.bergen.edu) for updates and changes

Student Signature: _____ Date: _____