



REGISTRATION FORM

★ SUMMER ★ 2019

Note:

Check the Registration Calendar for specific registration dates. Visiting Students: Please go to www.bergen.edu/visiting for details
Payment, and the Arrangements for Payment, are Due at Time of Registration

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

Cell Phone: (____) _____ - NEW

Term: - Summer 2019 -		DEPT CODE	COURSE	SECTION	
<input type="checkbox"/> -Summer 1 (6 wks) <input type="checkbox"/> -Summer U (11 wks) <input type="checkbox"/> -Summer 2 (6 wks) <input type="checkbox"/> -Summer 3 (3 wks)	<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.

Student Signature: _____ Date: _____