



# REGISTRATION FORM

## ★ Winter/Spring 2020 ★

Note:

Check the Registration Calendar for specific registration dates. If you wish to AUDIT a class, please write AUDIT under the Section number. (Financial Aid not available for Audit classes). Visiting Students: Please go to [www.bergen.edu/visiting](http://www.bergen.edu/visiting) for details

Name (First, Last, MI): \_\_\_\_\_

Bergen College ID: \_\_\_\_\_

Term: <b>Winter/Spring 2020</b> Number of Weeks: Select	ADD DROP	DEPT CODE	COURSE	SECTION	
		<b>MAT</b>	<b>130</b>	<b>004</b>	
<input type="checkbox"/> - Winter – Jan 2 – Jan 10 <input type="checkbox"/> -Spring 1 (15 weeks) <input type="checkbox"/> - Spring 2 (12 wks) <input type="checkbox"/> - Flex 1 (7 wks) <input type="checkbox"/> - Flex 2 (7 wks)	<input type="checkbox"/> - ADD <input type="checkbox"/> - DROP <input type="checkbox"/> - WITHDRAW				PLEASE REVIEW IMPORANT DATES on REVERSE SIDE.
<input type="checkbox"/> - Winter – Jan 2 – Jan 10 <input type="checkbox"/> -Spring 1 (15 weeks) <input type="checkbox"/> - Spring 2 (12 wks) <input type="checkbox"/> - Flex 1 (7 wks) <input type="checkbox"/> - Flex 2 (7 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 and any misrepresentation of facts may constitute cause for cancellation of my registration and/or other disciplinary actions.
- 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 understand I may drop and/or add courses to my schedule without a processing fee up to 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.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_