



Please keep a copy of this form for your records.

ACADEMIC REGISTRATION FORM

STUDENT ENROLLMENT CENTER
 P.O. Box 3300
 SOMERVILLE, NJ 08876-1265
 PHONE: 908-218-8864
 FAX: 908-704-3442

Select Semester: FALL SPRING Year _____
 WINTER SUMMER

ID # G NAME _____ DATE OF BIRTH _____

STREET _____ CITY _____

STATE _____ ZIP _____ PHONE# _____ Please keep a copy of this form for your records.

PLEASE LIST THE COURSES YOU WISH TO ADD. PROVIDE ALL INFORMATION.					PLEASE DATE & SIGN IN THE APPROPRIATE BOX			
#CRN 5 CHARACTERS	SUBJ/COURSE # 4 CHARACTERS/3 CHARACTERS	SECTION # 2 CHARACTERS	COURSE TITLE	CREDITS/ AUDIT	Department Chair / Dean of Academic Affairs			Dean Repeat Override
					Capacity Override	Prereq Waiver	Late Registration	

PLEASE LIST THE COURSES YOU WISH TO DROP. GIVE ALL INFORMATION REQUESTED.					ADDITIONAL CHAIR OR DEAN COMMENTS
#CRN 5 CHARACTERS	COURSE # 4 CHARACTERS/3 CHARACTERS	SECTION # 2 CHARACTERS	COURSE TITLE	CREDITS/ AUDIT	
					CRN _____ DATE OF EXPIRATION _____

By signing below, I agree that I will be solely responsible for all balances owed to RVCC. Dropping a class may reduce my financial aid and require me to pay the College. Adding a class may result in additional charges that are not covered by prior payments or financial aid. If RVCC has issued a refund check to me for any excess available funds prior to my registration changes, the refunded amount is no longer available to offset the resulting charges. In this case I will need to return the refund check to RVCC or pay for the resulting balance directly.

STUDENT SIGNATURE _____ DATE _____