Raritan Valley Community College

WORKFORCE DEVELOPMENT

Phone: 908-218-8871

REGISTRATION FORM

Student ID (if known) <u>G</u>		Social Securi	Social Security #: XXX-XX-		
rst Nam	e:	Middle Last Na	me:		
ome Ado	dress:		County:		
ty:		State, Zip Code:			
Date of Birth:		Home Phone: ()	Home Phone: ()		
ll Phone	e: <u>(</u>)	Work Phone: ()			
mail Address:			Female	Male	
thnic Educa		Educational Goal	Completed Edu	Completed Educational Level:	
African-American Ob		Obtain Certificate	High School		
Asian		Job Advancement	Associates [Associates Degree	
Caucasian		Maintain Licensure	Bachelor Degree		
Hispanic/Latino Po		Personal Development	Masters Degree		
Other			Doctorate Degr	ree	
RN	Course Title		Start Date	Fee	
				\$	
				\$	
				\$	
				\$	
				\$	
			TOTAL FEE	\$	
yment (Options for Workforce De	evelopment course fees:			
Regist	er online <u>www.raritanval.</u>	edu/workforce - We accept VISA, MasterCard & D	iscover (no AMEX)		
	Amount \$				
_	Amount 9				

REFUND POLICY

A student enrolled in a course section that is cancelled by the College is given the opportunity to enroll in an alternate course section or to receive a full refund of all tuition, registration fees, and material fees associated with the cancelled course section.

A student who withdraws from a course section during the refund period receives a 100% refund of all tuition and material fees associated with the course. *The registration fee is not refunded*. After the refund period, no tuition or fees shall be refunded. The refund period is 5 or more business days prior to the start of the first class date. *ALL CANCELLATION REQUEST MUST BE RECEIVED IN WRITING*. You may email your cancellation request to workforce.dev@raritanval.edu.