

Raritan Valley Community College Workforce Development

Phone: (908) 526-1200, Ext. 8462 **Fax:** (908) 253-6696

PROFESSIONAL DEVELOPMENT REGISTRATION FORM

Student ID (If Known) <u>G</u> Social Security #: XXX-XX-					
First Name:		Middle	Last Nam	ne:	
Home Addre	ss:			County	
City:			State, Zip Code: _		
Date of Birth:			Female \square	Male \square	
Home Phone	:: ()		Cell Phone: ()	
Work Phone	: ()		Email Address:		
☐ African- American ☐ Obt. ☐ Asian ☐ Job ☐ Caucasian ☐ Mai		Educational ☐ Obtain Cer ☐ Job Advand ☐ Maintain L ☐ Personal D	tificate cement icensure	Completed Educational Level ☐ High School ☐ Associates Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate Degree	
CRN	Course Title			Start Date	Fee
					\$
					\$
					\$
					\$
	I			TOTAL FEE	\$
Payment Options for Workforce Development course fees:					VISA
1) Register o	nline <u>http://rari</u>	itanval.edu/career-training	g/register-for-classes	- We accept Discover, Ma	sterCard & VISA
2) Cash, Amo	ount \$				
3) Check # Dat			ite:	Amount \$	
4) Purchase Orders must be submitted with a completed Registration Form. They must be signed, dated and include the following details: ◆Student Name ◆Course Title ◆Start Date ◆Amount					

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 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 REQUESTS MUST BE RECEIVED IN WRITING. You may email your cancellation request to RVCCWTC@raritanval.edu.