## **Raritan Valley Community College**

## WORKFORCE DEVELOPMENT

Phone: 908-218-8871

## **REGISTRATION FORM**

Student ID (if known) <u>G</u>		Social S	Social Security #:		X X X – X X -	
irst Name	e:	Middle La	ast Name:			
ome Add	lress:			County:		
ty:		State, Zip Code:				
Date of Birth:		Home Phone: (	Home Phone: ()			
ell Phone	e: <u>(</u> )	Work Phone: (	)			
nail Add	ress:			Female	Male	
thnic Educat		<b>Educational Goal</b>		Completed Educational Level		
		Obtain Certificate	High School			
		Job Advancement			Associates Degree	
		Maintain Licensure		Bachelor Degree		
•		Personal Development		Masters Degree		
Other				Doctorate Degre	ee	
CRN	Course Title			Start Date	Fee	
					\$	
					\$	
					\$	
					\$	
					\$	
				TOTAL FEE	\$	
yment (	Options for Workforce	Development course fees:			•	
•	er online www raritany:	al.edu/workforce - We accept VISA, MasterCar	rd & Discov	er (no AMEX)		
Regist	er omme <u>www.rumeare</u>					
_	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 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 <a href="workforce.dev@raritanval.edu">workforce.dev@raritanval.edu</a>.

Mailing Address: Raritan Valley Community College ● Workforce Development ● P.O. Box 3300 ● Somerville, NJ 08876