



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 \_\_\_\_\_

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 \_\_\_\_\_

**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 \_\_\_\_\_