

College Experience Program Application Form

The College Experience Program is designed to allow talented high school juniors and seniors at least 16 years of age to take college-level courses. Up to six credits may be taken during a Fall or Spring semester, or 4 credits during Summer sessions. Students wishing to take a Math or English course must take the appropriate Basic Skills Placement Test prior to registering (See Placement Test Requirements, page 8). As of 3/12/05 Students with an SAT Math score of 530 or higher or an SAT English score of 1200 or higher may be waived from the Placement Test. Students who take the English Skills Test and place into developmental English courses are not eligible for the College Experience Program. This program is not intended to compensate for High School course failure or remedial work.

Please Print

Last Name	First Name	Middle Initial	Social Security Number (See note below*)
Address	Date of Birth		Home Phone
City	State	Zip	E-mail Address

Check if this is a change of address

Sex: Male Female

Please Check One:

- Black/Non-Hispanic Hispanic Asian/Pacific Islander
 White/Non-Hispanic American Indian/Alaskan Native

Bergen Community College reserves the right to require proof of state and county residency as per N.J.A.C. 9A:5

Are you presently a Bergen County resident? Yes No

Country of Citizenship: _____

Non-US Citizens, please check one:

- Permanent Resident ("Green Card") A- _____
 Student Visa
 Other Visa Type (non-immigrant): _____
 Refugee
 If non-US Citizen, what date did you enter the US? _____

* In order to qualify for the Hope tax credit or the Lifetime Learning tax credit you must provide a valid Taxpayer Identification Number (usually your Social Security Number) for federal reporting purposes. Students who do not provide the information required under federal guidelines may not be eligible for the credit.

High School _____

Expected year of High School graduation: _____

Services for people with disabilities

The Office of Specialized Services (Room S-131) serves students with physical, visual, learning, hearing and psychiatric disabilities. To take advantage of these services, you must contact this office and provide documentation. (201) 612-5270 or (201) 447-7845 (TTY).

To be completed by your high school principal or guidance counselor:

The above named student has my permission to attend Bergen Community College as a College Experience student. S/he is an outstanding student whose overall GPA is 3.0 or better, and is academically and emotionally ready to take college-level courses.

Name: _____ Title: _____

Signature: _____ Date: ____/____/____ Phone: _____

To be completed by you and your parent or guardian:

I understand that this form is an application to attend Bergen Community College for one semester as a part-time, non-degree student. I certify that the above information is true and correct to the best of my knowledge. I agree to abide by the policies and regulations of the college, including program and course requirements and prerequisites.

Signature of Student	Date	Signature of Parent or Legal Guardian	Date
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College Experience Program Registration Form

- Only six credits may be taken during the Fall 2008 semester.
- Students wishing to take a math or English course must take the appropriate Basic Skills Placement Test prior to registering (see Placement Test Requirements, page 8).
- As of 3/12/05 Students with an SAT Math score of 530 or higher or an SAT English score of 1200 or higher may be waived from the Placement Test.
- Students who take the English Skills Test and place into developmental English courses are not eligible for the College Experience Program.
- All course requirements and prerequisites must be met.
- You may register in person at the Admissions and Registration Office (A-129) starting on May 5.
- You must get permission (see reverse) for each semester as a College Experience student.
- If you prefer to register by mail, complete both sides of this form and mail it to: Registration Office, Bergen Community College, 400 Paramus Road, Paramus, NJ 07652-1595. Do not include payment.

Name: _____ Social Security Number: _____ - _____ - _____

E-mail address: _____ (Required for enrollment in an online course.)

Please prepare two complete schedules. Place your first choice under PREFERRED SCHEDULE and your second choice under ALTERNATE SCHEDULE. Each schedule will be treated as a whole—we do not mix courses from the two schedules.

PREFERRED SCHEDULE			
Office Use	Dept Code	Course Number	Section Number
Total Credits			

ALTERNATE SCHEDULE			
Office Use	Dept Code	Course Number	Section Number
Total Credits			

Student's Signature (required): _____ **Date:** _____

I certify that all information I have supplied on this form is accurate and complete. I understand that any misrepresentation of fact may constitute cause for cancellation of my registration and/or dismissal. (This form will be returned to you unless it is signed and dated.)