

Registration Form

Please Print

Last Name First Name Middle Initial

_____-_____-_____
Social Security Number (See note below*)

Address Business Phone

Home Phone

City County State Zip

E-mail Address

Check if this is a change of address

_____/_____/_____
Date of Birth

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

Sex: Male Female

Please Check One:

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

Please check all that apply:

- GED
 Currently attending high school
 Expect to graduate high school before the start of the semester/summer session
 High school graduate
 Attended or graduated college
 Visiting college/university student

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? _____

Please check one:

Which statement describes your most important educational objective?

- To develop or improve job skills.
 To complete an Associate degree.
 To complete a one-year Certificate.
 To complete courses for transfer to a four-year college.
 For self-improvement or intellectual growth.
 I am a visiting student, enrolled at another college or university.

Services for people with disabilities The Office of Specialized Services (Room S-153) 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).

* 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.

Complete any that apply:

High School attended

Year of High School graduation or GED diploma: _____

Previous College attended

Year of College Graduation: _____

Degree Earned: _____

check here, fill out this side of the form only and mail it to
Admissions and Registration Office, Bergen Community College, 400 Paramus Road, Paramus, NJ 07652-1595

Registration Form – Fall 2009

- Registration for students currently enrolled at Bergen Community College is by appointment letter and runs from April 20 through May 8.
- Students who are not presently attending can register online at www.bergen.edu and click on I'm New to WebAdvisor or in person at the Admissions and Registration Office (A-129) starting on May 11. If you have never attended Bergen you must complete the information of the other side of this form. You may use the form below to register in person.
- If you wish to AUDIT a class, pick up an Audit Request Form at the Admissions and Registration Office, and attach it to your registration form or select Audit in the "Take For" column of Web Registration.
- Visiting Students: you must follow the instructions on page 9 and attach the completed Visiting Student form to your registration.

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. I also understand that if I do not want to remain in class, I must officially withdraw. Failure to withdraw will result in a financial obligation to the College, whether or not I attend class. (This form will be returned to you unless it is signed and dated.)

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City	County	State	Zip

- -

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