

## Passaic County Community College Registration Form

| First Name  | Last Name              |                                    | Stu  | Student ID   |       |  |
|---|------------------------|------------------------------------|--|--|-------|--|
| Street<br>Address   |                        | City                               | State  | Zip  |       |  |
| County  |                        | Contact Phone                      |  | Date of  |       |  |
| Term  |                        | Birth                              |  |  |       |  |
| Course # (Ex: CIS-101)  | Section #<br>(Ex: M01) | Course Title                       | Credits  | Days   | Times |  |
|   |                        |                                    |  |  |       |  |
|   |                        |                                    |  |  |       |  |
|   |                        |                                    |  |  |       |  |
|   |                        |                                    |  |  |       |  |
|   |                        |                                    |  |  |       |  |
|   |                        |                                    |  |  |       |  |
|   |                        |                                    |  |  |       |  |
| I register and do not officially withdraw, I may receive an "F" grade for each ourse, which will negatively impact my G.P.A. I understand that tuition refund/ idjustments will be based on the date of my withdrawal and the PCCC Official perfund policy. Please see Refund Policy dates at www.pccc.edu/bursar.  Payment and Fee Policy Once registered I am responsible for all tuition and fees, including and not simited to; parking fees, bookstore charges, late fees (for non or late payments), non attend fee (for not attending and failing to drop courses properly), and/or collections agency charges (for all delinquent accounts turned over to collections). authorize and acknowledge that the college will use any credit balances on my account to pay any outstanding debt at the time of the credit balance prior to assuing a refund. I understand that all future correspondence will be sent to my college portal email and it is my responsibility to check and maintain.  By signing below I am acknowledging that I would like to receive my 1098-T in the electronic format. I understand that I have the right request it in paper format |                        |                                    | Other  US citizen of of Passaic Coulomb Passai | US citizen or permanent resident and resident of Passaic County for at least 6 months.  US Citizen or permanent resident and NJ (Non-Passaic County) resident for at least 6 months.  Non-Citizen or US Citizen who is not a NJ Resident.  For statistical purposes only please check one: |       |  |
| the future with written notification to the Bursar's office.  |                        |                                    | American II  | ☐ American Indian or Alaska Native ☐ Asian   |       |  |
| tudent Signature  | Date                   |                                    | <ul><li>☐ Black or African American</li><li>☐ Native Hawaiian or other Pacific Islander</li><li>☐ White</li></ul>  |  |       |  |
| PCCC Counselor / Adviso   | r Signature            | Date                               | ☐ Two or more  | ☐ Two or more races  |       |  |
|   |                        | Processsed by<br>(Office use only) |  | Processsed   | date  |  |