



Passaic County Community College

Registration Form

973-684-6400

Student Name: _____

ID# _____

Street Address _____

City _____ County _____

State _____ Zip _____

Phone numbers: home _____ work _____ cell _____

Please circle the number that you prefer we use to contact you

Term: ____/____/____ Date of Birth ____/____/____ Male _____ Female _____

Course #	Section #	Course Title	Credits	Days	Times	Advisor's Signature

I UNDERSTAND AND AGREE to the following items:

Registration Policy

- *If I register and do not officially withdraw, I may receive an "F" grade for each course, which will negatively impact my G.P.A. I understand that tuition refund/adjustments will be based on the date of my withdrawal and the PCCC Official Refund 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 limited 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). I 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 issuing 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 an electronic format. I understand that I have the right request it in paper format in the future with written notification to the Bursar's office.*

Check statements which apply:

- US Citizen or Permanent resident
- Non-resident alien
- Other
-
- 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: (optional)

- Race and ethnicity unknown
- Hispanics of any Race
- For Non-Hispanics Only*
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Two or more races

Student Signature

Date

Counselor/Advisor Signature

Date