

Summer 2014 Registration Form

Please check one: Undergraduate Adult Undergraduate Graduate Visiting Advisor _____

MALE FEMALE ENROLLMENT STATUS (check one): Matriculating Non-Matriculating Auditor Pass/Fail

STUDENT ID# _____ LAST NAME _____ FIRST NAME _____ MIDDLE OR MAIDEN _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

E-MAIL _____

ADMITTING PROGRAM / MAJOR _____ SPECIALTY TRACK, IF ANY _____

Course #	Section	Course Title	Credits	Audit	Pass/Fail	Instructor's Approval

Students in Graduate Studies:

CHECK ALL THAT APPLY: New Student in Program Caldwell Alumna Law Enforcement Employee Caldwell College Employee
 Caldwell College Spouse/Dependent Senior Citizen Auditor Senior Citizen (taking course for credit) Project Excel Student

Waiver for Prerequisite:

Course # to be registered in _____

Prerequisite Course(s) which will be waived _____

Approval Signature – Department Chair of the Course _____

I understand that enrollment in classes at Caldwell College constitutes a contractual financial obligation to pay tuition and fees. I further understand my financial obligations are due by the set due date each semester.

It is my responsibility to know the College's drop and withdrawal policy including the deadlines. It is my responsibility to drop or withdraw myself from classes. **My failure to drop or withdraw in a timely manner does not relieve me from my financial responsibility to the College for tuition and fees and any other costs.**

I understand that nonattendance of classes does not classify as an official withdrawal, and does not relieve me of my financial obligation or entitle me to a refund.

I understand that enrollment will not be canceled for failure to pay my semester bill, but that I will incur late payment fees if not paid by the set due date each semester.

I understand that if I leave the College with an unpaid balance and do not make satisfactory payment arrangements, my account will be placed with an external collection agency, and I will be assessed collection costs of 33% of the original debt in addition to the balance owed.

STUDENT SIGNATURE/DATE

COORDINATOR/ADVISOR SIGNATURE/DATE

Fax: 973-618-3480
 120 Bloomfield Avenue, Caldwell, NJ 07006