



# CREDIT REGISTRATION / DROP-ADD FORM

**STUDENT I.D. NUMBER**

For Year: 20\_\_\_\_\_ Semester: (Check One)  Fall  Spring  Summer

LAST NAME		FIRST NAME		MIDDLE NAME
STREET ADDRESS				
CITY			STATE	ZIP CODE
<input type="checkbox"/> CHECK HERE IF THIS IS A NEW MAILING ADDRESS		SOCIAL SECURITY NUMBER* - -		
PREFERRED TELEPHONE NUMBER ( ) -		TYPE: (check one) HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> CELL <input type="checkbox"/>		
E-MAIL ADDRESS				<input type="checkbox"/> CHECK HERE IF THIS IS A NEW E-MAIL ADDRESS

\*Provision of your Social Security Number (SSN) is required to meet federal and state reporting mandates, and for debt collection. The College will not disclose your SSN without your consent to anyone outside the institution except as required by law, and will make every effort to protect your privacy.

**ACTION CODE FOR COURSES:** (print letter in first column) **R** - REGISTER **A** - ADD **D** - DROP

ACTION	TERM	SUBJECT/COURSE #	COURSE TITLE	CREDITS	CLASS DAYS & TIMES							CHECK HERE FOR AUDIT	STAFF USE ONLY OVERRIDE APPROVAL: PROVIDE DETAILS IN NOTES SECTION
					M	T	W	R	F	S	U		
R	13/FA15	ENG-101-08	English Composition I	3	8-8.55 am		8-8.55 am		8-8.55 am				

**TOTAL CREDITS REGISTERED**

**CERTIFICATION:**

Academic advisors are available to assist all students of Camden County College. I certify that in the absence of an advisor's signature below, I am choosing to register without the benefit of academic advisement.

I agree to abide by the rules and regulations of Camden County College as outlined in College publications.

**I understand that I am personally liable for all costs associated with my courses, including tuition and applicable fees, whether or not I receive any assistance in the form of loans, grants, gifts or court-ordered payments from any sources. I acknowledge that my registration statement is my bill and that a 100% refund may only be obtained prior to the first day of the semester/term.**

I certify that all information on this form is true, correct, and complete to the best of my knowledge, and that I am responsible for any information that is not true.

**STAFF NOTES**

\_\_\_\_\_  
Student's Signature  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Print Advisor's Name

\_\_\_\_\_  
Advisor's Signature  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date