

CREDIT COURSE REGISTRATION FORM

FOR OFFICE USE ONLY



**APPLICATION FOR ADMISSION FOR FIRST-TIME STUDENTS
MUST BE PROCESSED BEFORE USING THIS FORM**
DO NOT USE THIS FORM if you have not attended the college within the last three years. You must first complete an application for admission found at rbc.edu/apply.

Request to Override Financial Hold
Approved by:

Registration Office Signature

Date

Registration Office Signature

Date

I.D. NO _____ PRINT ADVISOR NAME _____ ADVISOR'S SIGNATURE _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME/MIDDLE INITIAL _____

ADDRESS _____ APT/BUILDING # _____ CITY _____

COUNTY _____ STATE _____ ZIP CODE _____

PHONE NUMBER (XXX) XXX-XXXX _____ RCBC EMAIL _____ @mymail.rbc.edu

FOR YEAR 20 _____ FALL SPRING SUMMER I SUMMER II MINI TERM _____

SUBJECT	COURSE NO.	SECTION	LOCATION	COURSE TITLE	CREDIT	DAY	TIME
TOTAL CREDITS							

PLEASE READ CAREFULLY AND INITIAL BEFORE SIGNING:

- Student Initial** _____ My signature on this form confirms my intention to attend all course(s) listed above and confirms that I am academically prepared and/or meet the defined requirements for the course(s).
- Student Initial** _____ I understand that academic advisors are available to assist all students of Rowan College at Burlington County and I am strongly encouraged to see one prior to registering for the course(s) listed above. I certify that in the absence of an advisor's signature above, I am choosing to register without the benefit of academic advisement.
- Student Initial** _____ I understand that I am responsible for all costs associated with my courses, including tuition and applicable fees, whether or not I receive any educational benefits or assistance. I also understand that all applicable charges and fees must be paid by the established due dates. Due dates are found online at rbc.edu/student-accounts.
- Student Initial** _____ I understand and accept that if my account becomes overdue, a hold will be placed on my account. At that time, my account may be forwarded to an outside agency and additional fees assessed.
- Student Initial** _____ **I understand that I am responsible to drop online through my BaronOne Self-Service account or by submitting a completed add/drop form electronically through my RCBC email to registration@rbc.edu or in-person at the Office of the Registrar, 900 College Circle, Student Success Center Second Floor, Mount Laurel, NJ 08054.**
- Student Initial** _____ I understand and accept that it is my responsibility to drop my course(s) by completing the drop process within the specified add/drop period listed on the academic calendar at rbc.edu/academic-calendar.

Student Signature: _____ **Date:** _____