



REGISTRATION / COURSE CHANGE FORM

5100 Black Horse Pike Mays Landing, NJ 08330-2699
609-625-1111

STUDENT ID NUMBER

LAST NAME FIRST MAIDEN / MIDDLE

ADDRESS No. STREET BOX, RTE., OR APT #

CITY STATE ZIP CODE

COUNTY OF RESIDENCE PHONE NUMBER

TODAY'S DATE

DATE OF BIRTH (MM/DD/YY) **IS THIS A NEW ADDRESS?** YES NO

N=NEW D=DROP A=ADD W=WITHDRAW

Summer Fall Spring Continuing Ed YEAR: JumpStart

| ✓ ACTION | | | | COURSE NUMBER | SECTION NUMBER | DAYS / TIME PERIOD | CREDIT HOURS |
|----------|---|---|---|---------------|----------------|--------------------|--------------|
| N | D | A | W | | | | |
| | | | | | | | |

ADVISOR'S SIGNATURE DATE

STUDENT'S SIGNATURE* DATE

SECTIONS BELOW FOR OFFICE USE ONLY

| Atlantic Cape Contacts | Payments/Chargeback/Financial Aid | *Student Accountability | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-------------------------|-----|----|------------------|-----|----|------------|-------|--|-----------------|-------|--|-----------------|-------|--|--------------|-------|--|-----------|-------|--|----------|-------|--|---|
| ADMISSIONS OFFICE: 609-343-5000 ENROLLMENT OFFICE: 609-343-5005 BUSINESS OFFICE: 609-343-5104 FINANCIAL AID OFFICE: 609-343-5082 TESTING OFFICE: 609-343-5449 CONTINUING EDUCATION: 609-343-4829 ML CAMPUS ADVISING OFFICE: 609-343-5621 AC CAMPUS ADVISING OFFICE: 609-343-4893 CM CAMPUS ADVISING OFFICE: 609-463-8114 FAX CREDIT FORM: 609-343-4914 FAX CONTINUING ED FORM: 609-343-4807 | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CHARGEBACK PROMISSORY</td> <td style="width: 25%;">YES</td> <td style="width: 25%;">NO</td> </tr> <tr> <td>CHARGEBACK REC'D</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>TOTAL DUE:</td> <td colspan="2">_____</td> </tr> <tr> <td>W/O CHARGEBACK:</td> <td colspan="2">_____</td> </tr> <tr> <td>FINANCIAL AID :</td> <td colspan="2">_____</td> </tr> <tr> <td>BALANCE DUE:</td> <td colspan="2">_____</td> </tr> <tr> <td>RECEIPT #</td> <td colspan="2">_____</td> </tr> <tr> <td>CASHIER:</td> <td colspan="2">_____</td> </tr> </table> | CHARGEBACK PROMISSORY | YES | NO | CHARGEBACK REC'D | YES | NO | TOTAL DUE: | _____ | | W/O CHARGEBACK: | _____ | | FINANCIAL AID : | _____ | | BALANCE DUE: | _____ | | RECEIPT # | _____ | | CASHIER: | _____ | | <p>*By signing above, I acknowledge and understand that making changes to my courses or withdrawing from courses may affect my Financial Aid which could result in a balance due on my account.</p> <p style="text-align: right;">STUDENT'S INITIALS: _____</p> |
| CHARGEBACK PROMISSORY | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | |
| CHARGEBACK REC'D | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL DUE: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| W/O CHARGEBACK: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| FINANCIAL AID : | _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| BALANCE DUE: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| RECEIPT # | _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| CASHIER: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | |