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 ________________________

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<tr>
<th>Course #</th>
<th>Section</th>
<th>Course Title</th>
<th>Credits</th>
<th>Audit</th>
<th>Pass/Fail</th>
<th>Instructor’s Approval</th>
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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