



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	CHARGEBACK PROMISSORY YES NO CHARGEBACK REC'D YES NO TOTAL DUE: _____ W/O CHARGEBACK: _____ FINANCIAL AID : _____ BALANCE DUE: _____ RECEIPT # _____ CASHIER: _____	*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. STUDENT'S INITIALS: _____