



Opportunity Starts Here

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

REGISTRATION / COURSE CHANGE FORM

0912345 STUDENT ID NUMBER

7-7-14

TODAY'S DATE

jsmith@myemail.com

EMAIL

Smith Jane R
LAST NAME FIRST MAIDEN / MIDDLE

1535 Atlantic Cape Ave. Apt. 2B
ADDRESS No. STREET BOX, RTE., OR APT #

Mays Landing New Jersey 08330
CITY STATE ZIP CODE

Atlantic 609-555-9999
COUNTY OF RESIDENCE PHONE NUMBER

02-15-1992
DATE OF BIRTH (MM/DD/YY)

IS THIS A NEW ADDRESS? YES NO

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

Summer

Fall

Winter/
 Spring

Continuing Ed

YEAR: 2014

JumpStart

✓ ACTION				COURSE NUMBER	SECTION NUMBER	DAYS / TIME PERIOD	CREDIT HOURS
N	D	A	W				
X				ENGL 101	MD13	Mon./Wed. 2 p.m. - 4:45 p.m.	3cr
Please Print Clearly in this Area							

Paula Martinez 7-7-14

ADVISOR'S SIGNATURE

DATE

Jane Smith 7-7-14

STUDENT'S SIGNATURE*

DATE

P. Martinez

7-7-14

INPUT 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 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. STUDENT'S INITIALS: <u>JRM</u>

Will be completed at the Business Office/Cashier Window

Must read

Keep address updated