



Camden County College Credit Registration Form

Student I.D. Number: _____

Semester: (Check one) Fall Spring Summer Year: _____

Title Mr. Ms. Mrs. Other: _____

Legal Name:

_____ Last _____ First _____ Middle _____

Name used in previous attendance if different from above: _____

Mailing Address:

_____ Number _____ Street _____

_____ City _____ State _____ Zip _____

County of Legal Residence: _____

State of Legal Residence: _____

Check here if your mailing or e-mail address has changed since you last registered.

E-mail Address: _____

Preferred Telephone Number / Type: _____ - _____ (Circle one): Home / Business / Cell
Area Code

NEW STUDENTS
Please fill out this section and complete an Application for Admission.

Date of Birth* _____ / _____ / _____
Month Day Year

*Information containing age, gender, and ethnic background is required for federal reporting. It does not affect admission to Camden County College. However, students who are under 18 years of age and have not graduated from high school must contact the Dean of School & Community Academic Programs at 856-227-7200, ext. 4530 before enrolling.

Social Security Number: *

*Provision of your Social Security Number (SSN) is required to meet federal and state reporting mandates, and for debt collection. The College will not disclose your SSN without your consent to anyone outside the institution except as required by law, and will make every effort to protect your privacy.

COURSE SELECTION

** Please write "AU" beside any course you wish to audit. You will not receive credit for this course; nor will you receive Financial Aid or Veterans Benefits for this course.

**Audit	Session	Course Number/Synonym	Course Title	Days (circle)	Start Time	End Time	Credits
				M T W R F S U			
				M T W R F S U			
				M T W R F S U			
				M T W R F S U			
				M T W R F S U			
				M T W R F S U			
				M T W R F S U			

Total Credits →

Comments:

Certification:

Academic advisors are available to assist all students of Camden County College. I certify that in the absence of an advisor's signature below, I am choosing to register without the benefit of academic advisement.

I agree to abide by the rules and regulations of Camden County College as outlined in College publications

I understand that I am personally liable for all costs associated with my courses, including tuition and applicable fees, whether or not I receive any assistance in the form of loans, grants, gifts or court-ordered payments from any sources.

I certify that all information on this form is true, correct, and complete to the best of my knowledge, and that I am responsible for any information that is not true.

Student's Signature

Date

Advisor's Signature

Date