



# **Garden State Pathways**

## **Student Application Packet 2022-2023**

The Garden State Pathways program is an opportunity for students with intellectual/cognitive disabilities to participate in a college experience. Each student will be given the opportunity to engage in academic, vocational and life skills that will enhance their independence.

**Application due:  
June 1, 2022: For the Fall 2022 Semester**

Packets must be complete for review

## Application for Admission

Applications are being accepted for the 2021-2022 academic years. You will be notified when your entire packet has been received. Applicants will be considered when the entire packet is completed.

### APPLICATION CHECKLIST

- Student Application
- Student Questionnaire to be completed by the applicant
- Personal Support Questionnaire
- Official High School Transcript including last IEP
- A record from a local educational agency reflecting that the applicant is or was eligible for special education and related services under the Individuals with Disabilities Education Act (IDEA).
- Educational Evaluations submitted for review must be conducted within the past three years
- On line Camden County College application submitted ( Program ID is **VOC.CPS**)
- FAFSA form completed. (<http://www.fafsa.ed.gov/>)
- Three letters of recommendation from individuals who have known the applicant for at least one year. One recommendation **must** be from a Child Study Team member. Recommendation forms are included in this packet. Recommendation Release and Questionnaire

**Note:** Camden County College reserves the right to exercise sole judgment regarding admission into the Garden State Pathways program.

The Garden State Pathways Program is a certificate program only and not a college degree.

Participants who successfully complete the program will receive a Certificate of Achievement from Camden County College.

**Questions should be directed to: Assistant Director, Curt Watkins (856) 227-7200 ext. 4255**

**Applications and recommendations should be submitted to:**

**Camden County College  
200 College Drive  
Louis F. Cappelli Student Center  
Taft Hall, Office 310  
Attn. Assistant Director Curt Watkins, MBA  
Blackwood, NJ 08012**

**Garden State Pathways Admissions Criteria**

The Garden State Pathways Program is a transition program for students with Intellectual Disabilities between the ages of 18-21. *“Intellectual Disability (ID) is a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills.”* (American Association on Intellectual and Developmental Disabilities, [www.aaidd.org](http://www.aaidd.org), 2020.) Due to the Academic rigor and demands of the Garden State Pathways Program here at Camden County College, the following is a summary of the criteria used to determine acceptance into the program.

- Candidates must be at least 18 years of age by the first day of the semester. They must have been (or are presently) eligible for special education and related services under the Individuals with Disabilities Education Act (IDEA).
- Candidates must provide recent, thorough, and relevant disability documentation as outlined in the program’s application packet.
- Candidates must be able to understand basic reading, writing, and computational tasks, including reading simple employee handbooks, interpreting payroll stubs, and completing basic job applications.
- Candidates must demonstrate a desire to develop academic, social, and vocational skills.
- Candidates must be able to interpret actions required in specific written directions and be able to write instructions to others.
- Candidates must be able to follow simple multi-step directions and follow a class schedule independently.
- Candidates must be able to work productively and collaboratively in groups.
- Candidates must be able to navigate the college campus independently.

- Candidates must be able to follow classroom rules and adhere to the college's Code of Conduct.
- Candidates must be able to independently attend to personal hygiene needs and administer their own medication, if applicable.

Applications will be reviewed and evaluated on a case by case basis.

## Student Application

### Student Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address \_\_\_\_\_

Cell phone \_\_\_\_\_

Student Lives with: \_\_\_\_\_ Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other (If other please specify) \_\_\_\_\_

Most recent school attended (Name): \_\_\_\_\_

### Primary Contact Information:

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Secondary Contact Information:

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have any siblings or relatives presently attending any Camden County College campus?  
 Yes  No

If yes, please list their name: \_\_\_\_\_

**Emergency Contact Information:**

\*Same as Primary

Same as Secondary

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Student receives support from: (please check those that apply)**

- \_\_\_ Supplemental Security Income (SSI)
- \_\_\_ Social Security Disability Insurance (SSDI)
- \_\_\_ Division of Developmental Disabilities (DDD Self Directed Supports)
- \_\_\_ Medical Assistance
- \_\_\_ Division of Vocational Rehabilitation Services (DVRS)
- \_\_\_ Special Education Services (IDEA Funding)

**Educational History**

School Attended (Name, City, State)	Years Attended	Reason for Leaving/Graduated

Do you receive a high school diploma/certificate? \_\_\_\_\_ No \_\_\_\_\_ Yes

**Please circle diploma or certificate. If you received a certificate, please list the type below.**

Name of certificate received: \_\_\_\_\_

Name of school: \_\_\_\_\_ Date \_\_\_\_\_

Have you participated in general (mainstreamed) education classes in your school district?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please describe what classes and what accommodations were made: (ie one on one aide, assistive technology)

---

---

---

---

---

Please describe your academic strengths and challenges.

**Strengths:**

---

---

---

**Challenges:**

---

---

---

What type of accommodations help you learn best? (i.e. small groups, extra time)

---

---

---

---

---

Did you have any accommodations for your general education classes? (Circle one) If yes, list what kind.

---

---

---

---

---

### Employment History

Please complete the following including all paid employment, unpaid employment, school-based employment training and internships.

Are you currently employed (volunteer and internships should be included):  Yes  No (if yes, please complete the following. If no, included most recent employment)

Employer: (Name and Address/contact information)

---

---

Position \_\_\_\_\_

Start and End Date \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

---

Paid or Unpaid Employment/Internship (please be specific) \_\_\_\_\_

If yes, please describe.( type of work, hours)

---

---

---

What type of work experiences did you most enjoy? Why?

---



---

---

What sort of work experience are you interested in?

---

---

---

### Student Questionnaire

To be completed by applicant

1. Why do you want to attend the Garden State Pathways program at Camden County College?

---

---

---

2. What is/was your favorite class in school?  
Why?

---

---

---

3. What kind of career/job would you like to have when you finish school?

---

---

---

4. What do you like to do during your free time?

---

---

---

5. Where do you want to be in five years?

---

---

---

6. Do you have any hobbies? Are you part of a club or team?

---

---

---

7. What do you do in your spare time? Are you connected to any social groups? \_\_\_\_\_

---

---

8. Describe your academic strengths and weaknesses. \_\_\_\_\_

In the following areas, please describe skills you would like to learn.

- Independent living skills:

---

- Liberal Studies (Art, Literature):

---

- Social/recreational/leisure:

---

- Employment: \_\_\_\_\_

### **Transportation**

What type of transportation do you plan to utilize if you were to attend Garden State Pathways?

---

---

---

---

---

Are there any limitations, support needs or related issues to transportation? (Please list)

---

---

---

---

---

### **Medical History**

Please give a brief description of your medical history including any disability diagnoses that you may have:

---

---

---

---

---

Please list any significant medical or physical conditions that may impact your participation in classroom, social, or recreational activities on campus, including severe allergies:

---

---

---

---

---

Please list any current medications and their purpose:

---

---

---

---

---

**Note: If the applicant must take medications while on campus, he/she must be independent in administering his/her medications. Camden County College does not have the personnel or facility to administer medications. This is not included in any of the program or college services.**

Do you currently receive private therapeutic services? Physical therapy, occupational therapy, outpatient counseling/ psychiatry, speech therapy, or behavioral therapy. If so, please indicate which services.

---

---

---

---

---

Are you independent in self-care such as toileting, and basic hygiene? (Circle one) Yes No

Please provide any other medical information that you feel would be important regarding your participation in this program, please specify.

---

---

---

---

---

Camden County College treats and regards all written documentation obtained to verify a disability and plan for appropriate services as well as all documented services and contracts with the Office of Student Support Services as confidential. However, it may be necessary for our staff to exchange some information about you with the Camden County College faculty and staff in order to provide you with educational opportunities and experiences on and off campus. This exchange will occur only with your written permission, as given in this document below, and with the understanding that only information necessary for the purposes of accommodation and academic progress will be communicated.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission to exchange information about me to the following offices/individuals checked below:

- School District(s)
- DVR Office
- Admissions Office
- Counseling Office
- Course Instructors
- Financial Aid Office
- Parents/Guardians
- Registrar's Office
- Tutor
- Other: \_\_\_\_\_

\*Must have a signed FERPA (Universal Release Form) on file for every student.

I hereby give permission for the Garden State Pathways Program at Camden County College the right to use my photograph and/or quotes and videotapes of me for public relations and/or training purposes.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Personal Support Questionnaire

### To be completed by Parent or Support person

Please rate the applicant's ability in the following areas:

\*What is your student or client's primary goal for achievement through the GSP Program?

### 1. Independent Living Skills

	Complete Assistance Needed	Much Assistance Needed	Little Assistance Needed	No Assistance Needed
Follows a schedule				
Asks for help, clarification				
Order and purchase from a restaurant/store				
Uses good judgment in an emergency				
Copes well with stress: able to problem solve				
Adjusts well to new environments				

### 2. Social Skills and Communication

	Complete Assistance Needed	Much Assistance Needed	Little Assistance Needed	No Assistance Needed
Communicates needs appropriately				
Engages in socially appropriate interaction				
Deals with conflict				
Distinguishes between friends & strangers				
Uses social networking sites: Twitter, Facebook, etc.				
Respects authority figures				
Uses cell phone/ text messages				
Verbalizing and/or writing personal information (name, address, phone, etc.)				

### 3. Academic Skills

	Complete Assistance Needed	Much Assistance Needed	Little Assistance Needed	No Assistance Needed
Handles money to make purchases - Counting change/bills				
Manages a checking account				
Stays within a budget				
Uses a computer for word processing				
Navigates the Internet				
Uses email				
Follows verbal directions				
Follows written directions				
Maintains and follows a calendar, due dates and appointments				

**Check one of the following that best describes the current skill level**

**Writing skills:**

\_\_\_\_\_ No functional writing

\_\_\_\_\_ Writes complete words

\_\_\_\_\_ Writes simple sentences

\_\_\_\_\_ Writes lists

\_\_\_\_\_ Writes short paragraphs - correctly uses punctuation

\_\_\_\_\_ Drafts, revises, edits copies notes from board/takes notes during class

\_\_\_\_\_ Uses Assistive Technology if yes, please identify:

\_\_\_\_\_

**Reading:**

- \_\_\_\_\_ No functional reading
- \_\_\_\_\_ Reads sight words
- \_\_\_\_\_ Applies reading strategies (sentence structure, meaning, phonetic clues)
- \_\_\_\_\_ Reads chapter books/reads books silently
- \_\_\_\_\_ Answers question about reading selection
- \_\_\_\_\_ Can summarize a reading selection

**Listening comprehension:**

- \_\_\_\_\_ Retells a simple story
- \_\_\_\_\_ Can retell the beginning, middle, and end of stories
- \_\_\_\_\_ Able to retell settings, characters, problems, major events and solutions of stories

Additional Remarks: List any additional information that may need to be considered when planning a post-secondary experience for the applicant. Include any social, emotional or educational factors that may be relevant.

---

---

---

---

---

---

---

---

---

---

---



## Recommendations and Release

**I agree to waive my right to access the student recommendation forms:**

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name (Parent/Guardian)

\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name (Applicant)

\_\_\_\_\_



## Garden State Pathways Program Recommendation Form

Applicant Name: \_\_\_\_\_

The Garden State Pathways program is an opportunity for students with intellectual /cognitive disabilities to participate in a college experience. Each student will be given the opportunity to engage in academic, vocational and life skills that will enhance their independence.

Please answer the following questions to the best of your ability. Applicants have waived their right to access the recommendation form.

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Organization: \_\_\_\_\_ Email Address: \_\_\_\_\_

How long have you know the applicant and in what capacity?

\_\_\_\_\_  
\_\_\_\_\_

Do you feel the applicant would benefit from the Garden State Pathways program?

Yes  No

Why or why not?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the applicant have any behaviors that would interfere with their ability to participate in the Garden State Pathways program?  Yes  No

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the strengths that the applicant has that will make him/her a strong applicant for the Garden State Pathways program:

---



---



---

Please rate the applicant's ability in the following areas:

**Writing:**

- No functional writing/writes simple sentences
- Writes lists/writes short paragraphs/correctly uses punctuation
- Drafts, revises, edits copies notes from board/takes notes during class
- Uses Assistive Technology if yes, please identify: \_\_\_\_\_

**Reading:**

- No functional reading
- Reads sight words
- Applies reading strategies (sentence structure, meaning, phonetic clues)
- Reads chapter books/reads books silently
- Answers question about reading selection
- Can summarize a reading selection

**Listening comprehension:**

- Retells a simple story
- Can retell the beginning, middle and end of stories
- Able to retell settings, characters, problems, major events and solutions of stories

**Approximate Grade Levels:**

- \_\_\_\_\_ Reading \_\_\_\_\_ Addition/Subtraction
- \_\_\_\_\_ Writing \_\_\_\_\_ Multiplication/Division
- \_\_\_\_\_ Listening Comprehension \_\_\_\_\_ Money Skills

Please rate the applicant's ability in the following areas:

**1. Independent Living Skills**

	<b>Complete Assistance Needed</b>	<b>Much Assistance Needed</b>	<b>Little Assistance Needed</b>	<b>No Assistance Needed</b>
Follows a schedule				
Ask for help, clarification				
Order and purchase from a restaurant/store				
Uses good judgment in an emergency				
Copes well with stress				
Adjusts well to new environments				

## 2. Social Skills and Communication

	<b>Complete Assistance Needed</b>	<b>Much Assistance Needed</b>	<b>Little Assistance Needed</b>	<b>No Assistance Needed</b>
Communicates needs appropriately				
Engages in socially appropriate interaction				
Deals with conflict				
Distinguishes between friends & strangers				
Uses social networking sites: Twitter, Facebook, etc.				
Respects authority figures				
Uses cell phone/ text messages				
Verbalizing and/or writing personal information (name, address, phone, etc.)				

## 3. Academic Skills

	<b>Complete Assistance Needed</b>	<b>Much Assistance Needed</b>	<b>Little Assistance Needed</b>	<b>No Assistance Needed</b>
Handles money to make purchases - Counting change/bills				
Manages a checking account				
Stays within a budget				
Uses a computer for word processing				
Navigates the Internet				
Uses email				
Follows verbal directions				
Follows written directions				
Maintains and follows a calendar, due dates and appointments				

Please describe the applicant in detail. Include any additional information or commentary about this applicant. If you need more space, please attach an additional page.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



## Garden State Pathways Program Recommendation Form

Applicant Name: \_\_\_\_\_

The Garden State Pathways program is an opportunity for students with intellectual /cognitive disabilities to participate in a college experience. Each student will be given the opportunity to engage in academic, vocational and life skills that will enhance their independence.

Please answer the following questions to the best of your ability. Applicants have waived their right to access the recommendation form.

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Organization: \_\_\_\_\_ Email Address: \_\_\_\_\_

How long have you know the applicant and in what capacity?

\_\_\_\_\_

\_\_\_\_\_

Do you feel the applicant would benefit from the Garden State Pathways program?

Yes  No

Why or why not?

\_\_\_\_\_

\_\_\_\_\_

Does the applicant have any behaviors that would interfere with their ability to participate in the Garden State Pathways program?  Yes  No

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the strengths that the applicant has that will make him/her a strong applicant for the Garden State Pathways program:

---



---



---

Please rate the applicant's ability in the following areas:

**Writing:**

- \_\_\_\_\_ No functional writing/writes simple sentences  
 \_\_\_\_\_ Writes lists/writes short paragraphs/correctly uses punctuation  
 \_\_\_\_\_ Drafts, revises, edits copies notes from board/takes notes during class  
 \_\_\_\_\_ Uses Assistive Technology if yes, please identify: \_\_\_\_\_

**Reading:**

- \_\_\_\_\_ No functional reading  
 \_\_\_\_\_ Reads sight words  
 \_\_\_\_\_ Applies reading strategies (sentence structure, meaning, phonetic clues)  
 \_\_\_\_\_ Reads chapter books/reads books silently  
 \_\_\_\_\_ Answers question about reading selection  
 \_\_\_\_\_ Can summarize a reading selection

**Listening comprehension:**

- \_\_\_\_\_ Retells a simple story  
 \_\_\_\_\_ Can retell the beginning, middle and end of stories  
 \_\_\_\_\_ Able to retell settings, characters, problems, major events and solutions of stories

**Approximate Grade Levels:**

- \_\_\_\_\_ Reading \_\_\_\_\_ Addition/Subtraction  
 \_\_\_\_\_ Writing \_\_\_\_\_ Multiplication/Division  
 \_\_\_\_\_ Listening Comprehension \_\_\_\_\_ Money Skills

Please rate the applicant's ability in the following areas:

**1. Independent Living Skills**

	<b>Complete Assistance Needed</b>	<b>Much Assistance Needed</b>	<b>Little Assistance Needed</b>	<b>No Assistance Needed</b>
Follows a schedule				
Ask for help, clarification				
Order and purchase from a restaurant/store				
Uses good judgment in an emergency				
Copes well with stress				
Adjusts well to new environments				

## 2. Social Skills and Communication

	<b>Complete Assistance Needed</b>	<b>Much Assistance Needed</b>	<b>Little Assistance Needed</b>	<b>No Assistance Needed</b>
Communicates needs appropriately				
Engages in socially appropriate interaction				
Deals with conflict				
Distinguishes between friends & strangers				
Uses social networking sites: Twitter, Facebook, etc.				
Respects authority figures				
Uses cell phone/ text messages				
Verbalizing and/or writing personal information (name, address, phone, etc.)				

## 3. Academic Skills

	<b>Complete Assistance Needed</b>	<b>Much Assistance Needed</b>	<b>Little Assistance Needed</b>	<b>No Assistance Needed</b>
Handles money to make purchases - Counting change/bills				
Manages a checking account				
Stays within a budget				
Uses a computer for word processing				
Navigates the Internet				
Uses email				
Follows verbal directions				
Follows written directions				
Maintains and follows a calendar, due dates and appointments				



Please describe the applicant in detail. Include any additional information or commentary about this applicant. If you need more space, please attach an additional page.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



## Garden State Pathways Program Recommendation Form

Applicant Name: \_\_\_\_\_

The Garden State Pathways program is an opportunity for students with intellectual /cognitive disabilities to participate in a college experience. Each student will be given the opportunity to engage in academic, vocational and life skills that will enhance their independence.

Please answer the following questions to the best of your ability. Applicants have waived their right to access the recommendation form.

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Organization: \_\_\_\_\_ Email Address: \_\_\_\_\_

How long have you know the applicant and in what capacity?

\_\_\_\_\_  
\_\_\_\_\_

Do you feel the applicant would benefit from the Garden State Pathways program?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Why or why not?

\_\_\_\_\_  
\_\_\_\_\_

Does the applicant have any behaviors that would interfere with their ability to participate in the Garden State Pathways program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Describe the strengths that the applicant has that will make him/her a strong applicant for the Garden State Pathways program:

---



---

Please rate the applicant's ability in the following areas:

**Writing:**

- No functional writing/writes simple sentences  
 Writes lists/writes short paragraphs/correctly uses punctuation  
 Drafts, revises, edits copies notes from board/takes notes during class  
 Uses Assistive Technology if yes, please identify: \_\_\_\_\_

**Reading:**

- No functional reading  
 Reads sight words  
 Applies reading strategies (sentence structure, meaning, phonetic clues)  
 Reads chapter books/reads books silently  
 Answers question about reading selection  
 Can summarize a reading selection

**Listening comprehension:**

- Retells a simple story  
 Can retell the beginning, middle and end of stories  
 Able to retell settings, characters, problems, major events and solutions of stories

**Approximate Grade Levels:**

- \_\_\_\_\_ Reading \_\_\_\_\_ Addition/Subtraction  
 \_\_\_\_\_ Writing \_\_\_\_\_ Multiplication/Division  
 \_\_\_\_\_ Listening Comprehension \_\_\_\_\_ Money Skills

Please rate the applicant's ability in the following areas:

**1. Independent Living Skills**

	<b>Complete Assistance Needed</b>	<b>Much Assistance Needed</b>	<b>Little Assistance Needed</b>	<b>No Assistance Needed</b>
Follows a schedule				
Ask for help, clarification				
Order and purchase from a restaurant/store				
Uses good judgment in an emergency				
Copes well with stress				
Adjusts well to new environments				

## 2. Social Skills and Communication

	<b>Complete Assistance Needed</b>	<b>Much Assistance Needed</b>	<b>Little Assistance Needed</b>	<b>No Assistance Needed</b>
Communicates needs appropriately				
Engages in socially appropriate interaction				
Deals with conflict				
Distinguishes between friends & strangers				
Uses social networking sites: Twitter, Facebook, etc.				
Respects authority figures				
Uses cell phone/ text messages				
Verbalizing and/or writing personal information (name, address, phone, etc.)				

## 3. Academic Skills

	<b>Complete Assistance Needed</b>	<b>Much Assistance Needed</b>	<b>Little Assistance Needed</b>	<b>No Assistance Needed</b>
Handles money to make purchases - Counting change/bills				
Manages a checking account				
Stays within a budget				
Uses a computer for word processing				
Navigates the Internet				
Uses email				
Follows verbal directions				
Follows written directions				
Maintains and follows a calendar, due dates and appointments				

Please describe the applicant in detail. Include any additional information or commentary about this applicant. If you need more space, please attach an additional page.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Please return the completed recommendation forms to:**

**Camden County College  
200 College Drive  
Louis F. Cappelli Student Center  
Taft Hall, Office 310  
Attn. Curt Watkins  
Blackwood, NJ 08012**

**Phone: 856- 227-7200 ext. 4255  
Email: [cuwatkins@camdencc.edu](mailto:cuwatkins@camdencc.edu)**

Camden County College does not discriminate in admissions or access to, or treatment or employment on the basis of race, creed, color, national origin, ancestry, age, sex, marital status,

veteran status, religion, affectional or sexual orientation, gender identification and expression, atypical hereditary cellular or blood trait, genetic information, disability or any other characteristic protected under applicable federal, state and local laws.

- Title IX and Section 504 for Employees: Assistant Director of Human Resources, 856-227-7200, ext. 4391, Roosevelt Hall, Room 106, Blackwood Campus
- Title IX for Students: Executive Dean of Students, 856-227-7200, ext. 4371, Taft Hall
- Section 504 for Students: Associate Dean of Students, 856-227-7200, ext. 5088, Taft Hall, Room 302, Blackwood Campus
- Title II for Employees and Students: Building Operations Manager, 856-227-7200, ext. 4575 Physical Plant, Blackwood Campus

<https://www.camdencc.edu/public-notice/>