

Passaic County Community College Center for Continuing Education & Workforce Development

Information: Call (973) 684-6153 or (973) 684-5782, Monday through Friday, 8:30 am – 4:30 pm.

Registration: Advanced registration and payment are required for all Continuing Education classes. Once your registration and payment are received, you are automatically enrolled and a confirmation will be sent. Plan to attend your class as scheduled! You will be notified if a class is cancelled, changed or full by telephone. A **current telephone number** is required on the registration form.

Registration by fax: Fill out the form and fax to (973) 341-1629. Submit payment with form by mail or in person.

Registration by mail: Fill out the form and mail to: **Passaic County Community College, Office of Continuing Education, One College Boulevard, Paterson, NJ 07505-1179.** Please be sure to enclose payment in the form of check or money order.

Registration in person: The Continuing Education Office is located at 200 Memorial Drive (Side entrance on Ellison St.) Paterson, NJ. Room M314.

Payment: You may pay through the mail by check or money order payable to: “**Passaic County Community College.**” Write the student name, course # and last four digits of the student’s SS# or student ID on the check. Credit cards (Visa, MasterCard, or Discover), and cash payments must be made in person at the Bursar’s Office, PCCC, One College Blvd., Paterson.

Withdrawals and refunds: To withdraw from a short course or seminar, you must notify the Continuing Education Office in writing or in person. Refunds will be made as follows:

- With written notification received prior to the first class session -100%
- With written notification received after the first class meeting for courses or seminars that meet more than once – 50%
- No refunds after the second class meeting.
- For classes that meet for 120 hours or more, see CE brochure or contact CE office.

Cancellation Policy: The College reserves the right to cancel courses or to change dates, if necessary. Attempts will be made to notify students in the event of a change. Refunds take 4-6 weeks.

PCCC CE Registration Form

Last Name:	First Name:	MI:
Preferred Tel. #:	Secondary Tel. #:	
Street:	City:	
County:	State:	Zip:
Emergency Contact:	E-mail:	
Student ID or Social Security #:	Date of Birth:	
Employer:	Employer’s Address:	
Check all that apply:		
<input type="checkbox"/> New	<input type="checkbox"/> Returning	<input type="checkbox"/> Fall
<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	

Course #	Course Title	Place	Start Date	Cost

I certify that the above information is correct and agree to the terms of the course. Note refund policy.

Student Signature _____ Date _____

For Official Use Only:					
_____ Initial Person Accepting Registration		_____ Initial of Person Accepting Payment			
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Charge	<input type="checkbox"/> M.O.	<input type="checkbox"/> Staff	<input type="checkbox"/> Third Party