

# 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