



SPECIAL APPLICATION FOR SELECT STUDENTS

APPLICANT PERSONAL INFORMATION

			Social Security Number	
Last Name	First	Middle	Birth Date	Age
Street Address	City	Zip	High School	Anticipated Grad. Date
Telephone			High School Enrollment Year (Fr./Soph./Jr./Sr.)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female				
Race/Ethnic Group: <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic				
<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native				
<input type="checkbox"/> White/not of Hispanic Origin				
Have you completed any courses at Burlington County College or Rowan College at Burlington County? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, which one(s): _____				

COLLEGE COURSE(S) IN WHICH YOU PLAN TO ENROLL

Indicate Semester/Term you plan to enter: Fall Spring Summer Session I Summer Session II

DEPT.	COURSE NO.	SECTION	LOCATION	COURSE TITLE	INSTRUCTOR	CREDIT	DAY	TIME
CR5	101			Intro Civ. Justice		3		
TOTAL CREDITS						3		

My signature on this form confirms that I am academically prepared and/or meet the defined course pre/corequisites and any basic skills testing requirements. My signature also affirms an intention to attend the courses listed above. I acknowledge that my actions create a financial obligation to the RCBC and I agree to pay all applicable charges by the due date established by the college. I understand and accept that my responsibility cannot be relinquished until I complete the drop process online or submit a completed drop form prior to the first day of the semester/term.

I understand and agree that I will receive a 100% refund if the drop is before the first day of the semester/term. In addition I understand and agree that if I drop **after** the first day of the semester/term, I will owe 50% of the bill and agree to pay for the classes I dropped. Overdue accounts will be sent to an outside agency. I understand I will be responsible for any assessed fees charge by the collection agency to my collection account. The additional fee is a flat percentage of the initial delinquent balance.

Student Signature	Date
Parent / Guardian Signature	Relationship

HIGH SCHOOL OFFICIAL AUTHORIZATION

Recommended by Guidance Counselor or Principal _____

Indicate College Credit Course(s) Recommended

JAMES M. HILL PRINT Guidance Counselor/Principal Name	Signature	Date
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