



BCIT ADULT EDUCATION REGISTRATION

Walk-in

Online Registration: www.bcit.cc

Fax: 609-267-3752

Mail-in: B.C.I.T. Adult Education
695 Woodlane Road
Westampton, NJ 08060
Checks: payable to B.C.I.T.

Fall Spring Summer Apprentice-Employer _____ Employer Phone _____

Date: _____

Last Name: _____ First Name: _____ MI: _____
(Name as it should appear on certificate PLEASE PRINT)

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Emergency Phone _____

E-mail Address (required): _____

**** Information regarding Age, Gender and Ethnic Background is required for federal reporting only****

Ethnicity: White/Caucasian Black/African-American Hispanic/Latino Native Hawaiian/Pacific Islander Asian
 American Indian/Alaskan Multi-racial

Gender: Male Female Birthdate: ___/___/___ Social Security: ___-___-___

TUITION REFUND POLICY:

“Refund requests must be in writing, and will be honored up to 24 hours prior to the 1st class with the exception of Practical Nursing, Certified Nurse Aide, Certified Homemaker/Home Health Aide and CDL Truck Driving. Withdrawals made less than 60 days prior to the start date of Practical Nursing are not eligible for reimbursement of acceptance fees. Withdrawals for Certified Nurse Aide and Certified Homemaker/Home Health Aide must be made at least 14 days prior to the start date of class. Withdrawals for CDL Truck Driving must be made at least 7 days prior to the start date to be eligible for a refund. A \$25.00 registration fee will be deducted from the amount to be refunded for any class. No refund request will be honored beginning 24 hours prior to the 1st class. If you have any questions concerning this policy, please contact the Adult Education Office for details.”

Student's Signature: _____

#1 Course Code _____ Course Title _____ M T W Th F Sa
(Circle days)

#2 Course Code _____ Course Title _____ M T W Th F Sa
(Circle days)

Note: Registration is not complete until payment is made in full.

Accepted Credit Cards: Visa, MasterCard, Discover

****Senior Citizens (50+) receive a \$10 discount. Must register in person for discount offer.****

Check MO PO Credit Card Cash

Check/Money Order Number: _____

Credit Card # _____

Exp. Date _____ CVV Code ___-___ Approval # _____
(CVV Code = 3 digit code on back of the credit card)

FOR OFFICE USE ONLY

Amount paid: _____

Received by: _____

Date: _____

Entered in Computer By: _____ Date: _____

Enrollment Data

The Burlington County Institute of Technology Adult Education Office is required to collect the below information for federal reporting upon enrollment in our courses. **Please note: Your responses will remain anonymous and confidential with this office.**

Student Name: _____

Class: _____

Disability Status: Disabled Non-Disabled Unknown

Educational Level of Education at Enrollment:

High School Graduate Some College or Technical School Associate Degree
 Bachelor's Degree Graduate Degree Unknown

Employment Status at Enrollment:

Employed, Full-Time Employed, Part-Time Not Employed
 Unknown Not in the Labor Force

Thank you in advance for providing the above-noted information.