



BCIT ADULT EDUCATION REGISTRATION

Walk-in Online Registration: www.bcit.cc/adulted 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.

Are you utilizing Financial Aid? ___ Yes ___ No

Please visit our website and click Financial Aid for more information and to review the steps needed to determine your eligibility. Cosmetology, LPN, Dental Assisting, and Medical Assisting are the only programs eligible for Financial Aid.

Fall Spring Summer Apprentice-Employer _____ Employer Phone _____

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 AND INFORMATION:

Refund requests must be in writing, and will be honored up to a week (7 days) prior to the 1st class with the exception of Practical Nursing, Certified Nurse Aide, Certified Homemaker/Home Health Aide, CDL Truck Driving, BLS, and TEAS testing. 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. **There will be no refunds or transfers for TEAS testing and BLS, NO EXCEPTIONS!** A \$25.00 registration fee will be deducted from the amount to be refunded for any class. If you have questions concerning this policy, please contact the Adult Education Office. A \$50.00 out of county residency fee will be applied to all classes, if applicable. There is an additional cost for make-up time / hours, if needed.

Student's Signature: _____ Date _____

Program of Study: _____

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

Note: Registration is not complete until payment is made in full • Accepted Credit Cards: Visa, MasterCard, Discover.

Senior Citizens (50+) \$10 discount must be requested at time of registration. BCIT High School Alumni 10% discount must be requested at time of registration. Registration must be done in person for discounts to be applied. Are you utilizing an alumni or senior citizen discount? ___ Yes ___ No

<input type="checkbox"/> Check <input type="checkbox"/> MO <input type="checkbox"/> PO <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash Check/Money Order Number: _____ Credit Card # _____ Exp. Date _____ CVV Code ___-__ Approval # _____ (CVV Code = 3 digit code on back of the credit card)	<p style="text-align: center;">FOR OFFICE USE ONLY</p> Amount paid: _____ Received by: _____ Date: _____ Entered in Computer By: _____ Date: _____
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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

How did you hear about us:

Direct Mailing Employment Weekly Online
 Rowan College at Burlington County Catalog Other: _____

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