



CONCURRENT ENROLLMENT PROGRAM (CEP) REGISTRATION FORM

Social Security Number	Legal Name (Last, First, Middle)	Former names	
Mailing Address	City	State	Zip
		County	Country
Home Phone Number	Email Address		

Name of High School _____

If any of the above information has changed since your last registration, please complete a Change of Personal Information form at www.raritanval.edu, A - Z Directory, Registration.

COURSE SELECTIONS

CRN (5 numbers)	COURSE (4 letters, 3 numbers - ex: ENGL 112)	SECTION (2 numbers)	COURSE TITLE	CREDITS

REGISTRATION INFORMATION

Return this form with your tuition payment to your designated high school contact. If this is your first time in the CEP Program, you must also complete the online CEP Application and submit the Student/Parent Agreement Form.

PAYMENT INFORMATION

Preferred method of payment is check or money order made payable to "RVC College."

☐ Check or Money Order included

☐ Pay by credit card online at www.raritanval.edu

Go to A-Z Directory, -Finance, -Student Account Payment (\$175 per CEP course)

In response to state and federal regulations regarding identity theft, RVCC no longer accepts credit card information by phone, fax or mail.

In the event that the financial obligations contained in this agreement are referred to an agency or attorney for collection, the student agrees to pay all reasonable collection costs and attorney's fees equal to a maximum of fifty percent (50%) of the outstanding balance.

My signature here indicates that I have read this form and that the information I have provided is complete and accurate.

SIGN HERE ---> _____

Signature (Student)

_____ Date