**REGISTRATION FORM**
## BTOP Grant - NJ Libraries - Anchor Institutions as Instruments of Recovery
**New Jersey Community College Consortium
for Workforce & Economic Development**
330 West State Street
Trenton, NJ 08618
Phone: 609 393-9000   Fax: 609 392 8158

**Legal Name:**_____
*Last*                                     *First*                                     *Middle*

**Teaching College:**_____

**Course Title:** _____ **Start Date:** _____

*The following statement is in accordance with the Higher Education Act.  Please read carefully and sign.*

**I grant permission to the Community College Consortium for Workforce & Economic Development & Member Colleges to share information including attendance, class performance and other academic records, where applicable, among other organizations and/or agencies/businesses that provide funding for this training.**

**Signature**_____**Date**_____

# OPTIONAL INFORMATION:

**Address:**_____
*Number*                          *Street*

_____
*City*                                          *State*          *Zip*                  *County*
**Telephone:** Home: _____ - _____ - _____

**E-Mail Address:** _____

**Employer:** _____

**Job Title**:_____

**Social Security Number:** _ _  _ - _  _ - _ _ _ _

**Ethnicity**                                                    **Gender** ❏ Male ❏ Female

❏ Asian American/Asian/Pacific Islander

❏ Black/African American/African                          **Date of Birth** ___/___/___

❏ Hispanic/Latino/Chicano/Spanish

❏ Native American/American Indian/Alaska Native

❏ White/Caucasian/European

# REGISTRATION FORM

Return To:  Sussex County Community College • Community Education
One College Hill Road  •  Newton, NJ 07860
Phone:  973-300-2140  •  Fax:  973-300-2278

**ALL CLASSES WILL BE HELD AT THE MAIN BRANCH OF THE SUSSEX COUNTY LIBRARY, FRANFORD, NJ**

SCCC respectfully requests the following information.

PLEASE PRINT ALL INFORMATION CLEARLY  •  PHOTOCOPIES OF THIS REGISTRATION FORM ARE ACCEPTABLE.

Name                                                                 Date of Birth  ☐ Male    ☐ Female

Address

City                                                State            Zip Code

Phone Number (Day & Evening)                    E-mail address

| COURSE # | TITLE | START DATE | TIME | Course Selection |
|---|---|---|---|---|
| CST117-01 | Using Web-based Email | 3/20/12 | 9:30 am–1:30 pm | ☐ |
| CST118-01 | Intro to MS Word | 3/22/12 | 9:30 am–1:30 pm | ☐ |
| CST119-01 | Creating a Resume & Cover Letter | 3/27/12 | 9:30 am–1:30 pm | ☐ |
| CST120-01 | Job Searching on the Internet | 3/29/12 | 9:30 am–1:30 pm | ☐ |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Persons registered for classes offered through Sussex County Community College & Continuing Education are subject to all the rules and regulations stated in the SCCC Student Handbook which is available upon request through the Dean of Student Affairs or in the College Bookstore.

FOR OFFICE USE ONLY
Date:_____ Received by:_____
☐Mailed  ☐ Faxed  ☐In-Person  ☐Phone