



Kean University  
Off-Campus Course Reservation  
**Raritan Valley Community College**  
Fall 2008 Semester

To reserve a seat in any of the nursing courses offered by Kean University at the Raritan Valley Community College campus, fill out this form and mail or fax to:

Nursing Department T-116  
Attn: Dr. K. Nevillw  
Kean University  
1000 Morris Ave.  
Union, NJ 07083  
**FAX: 908-737-3393**

*Please print:*

Course: \_\_\_\_\_

Your name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City, State, Zip: \_\_\_\_\_  
\_\_\_\_\_

Daytime phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Use a separate form for each course for which you are reserving a seat.**

IF FEWER THAN 10 STUDENTS RESERVE A SEAT THE COURSE MAY BE CANCELLED.

**ACTUAL REGISTRATION TAKES PLACE AT THE FIRST CLASS SESSION. AFTER REGISTRATION IS PROCESSED, THE STUDENT WILL RECEIVE A TUITION STATEMENT.**

Students reserving a seat will be sent a confirmation of receipt of the reservation.



Kean University  
Off-Campus Course Reservation  
**Raritan Valley Community College**  
Fall 2008 Semester

To reserve a seat in any of the nursing courses offered by Kean University at the Raritan Valley Community College campus, fill out this form and mail or fax to:

Nursing Department T-116  
Attn: Dr. K. Neville  
Kean University  
1000 Morris Ave.  
Union, NJ 07083  
**FAX: 908-737-3393**

*Please print:*

Course: \_\_\_\_\_

Your name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City, State, Zip: \_\_\_\_\_  
\_\_\_\_\_

Daytime phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Use a separate form for each course for which you are reserving a seat.**

IF FEWER THAN 10 STUDENTS RESERVE A SEAT THE COURSE MAY BE CANCELLED.

**ACTUAL REGISTRATION TAKES PLACE AT THE FIRST CLASS SESSION. AFTER REGISTRATION IS PROCESSED, THE STUDENT WILL RECEIVE A TUITION STATEMENT.**

Students reserving a seat will be sent a confirmation of receipt of the reservation.



Kean University  
Off-Campus Course Reservation  
**Raritan Valley Community College**  
Fall 2008 Semester

To reserve a seat in any of the nursing courses offered by Kean University at the Raritan Valley Community College campus, fill out this form and mail or fax to:

Nursing Department T-116  
Attn: Dr. K. Neville  
Kean University  
1000 Morris Ave.  
Union, NJ 07083  
**FAX: 908-737-3393**

*Please print:*

Course: \_\_\_\_\_

Your name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City, State, Zip: \_\_\_\_\_  
\_\_\_\_\_

Daytime phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Use a separate form for each course for which you are reserving a seat.**

IF FEWER THAN 10 STUDENTS RESERVE A SEAT THE COURSE MAY BE CANCELLED.

**ACTUAL REGISTRATION TAKES PLACE AT THE FIRST CLASS SESSION. AFTER REGISTRATION IS PROCESSED, THE STUDENT WILL RECEIVE A TUITION STATEMENT.**

Students reserving a seat will be sent a confirmation of receipt of the reservation.

**Students who have never taken a Kean University graduate course or are resuming coursework after an absence of two semesters, must bring a copy of their undergraduate or graduate degree or a copy of an unofficial transcript showing the degree received and submit it with their registration form at the first class session. Failure to do so will result in the registration being rejected and returned.**