

Chargeback Form

Name: _____
First Middle Last

Address: _____
Street City State ZIP

Last 4-digits of SS Number: _____ Have you ever attended RCSJ? Y N

I attend: Camden County Community College Rowan College at Burlington County
 Atlantic Cape Community College Salem County College
 Other: _____

Semester/Year: YR _____ Winter Spring Summer Fall

Major: _____

Course Number	Course Name	Approved/Denied (Completed by RCSJ only)

Note: **Denied** — the course is offered at RCSJ; **Approved** — the course/curriculum is not offered at RCSJ

RCSJ: _____ Date: _____
Office of Student Records

**Reminder: Certification of Eligibility and Certification of Residency
are required each semester to obtain charge back assistance.**

Instructions for Submission effective June 9, 2023:

Send this completed form, a copy of photo identification and a copy of your class schedule

By Mail:
Rowan College of South Jersey - Gloucester Campus
Student Services Building
Student Records Office
1400 Tanyard Road, Sewell, New Jersey 08080

In Person:
Student Services Building
Office of Student Records, Rm 1129

For Office Use Only: Processor's Initials: _____ Date Received: _____ Date Processed: _____