

PASSAIC  
COUNTY  
COMMUNITY  
COLLEGE

**Passaic County Community College  
Center for Continuing Education &  
Workforce Development**

**Fall 2017**

# TEAS® Test Preparation

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This **24-hour** class helps students sharpen their skills and develop a reliable study program to address the following content areas in the TEAS exam: Reading, Mathematics, and English and Language Arts Usage. This course increases your chances for success, but does not guarantee passing the test. The Test of Essential Academic Skills (TEAS) is designed to measure essential skills and academic readiness for entry level satisfactory performance in **nursing education programs**.

**Please purchase the book prior to the first class.**

**Materials/Book:** ATI TEAS Study Guide Version 6: TEAS 6 Test Prep and Practice Test Questions for the Test of Essential Academic Skills, Sixth Edition ISBN-13: 978-1941743904  
ISBN-10: 1941743900

**Available at the PCCC Bookstore, 125 Broadway, Suite 104, Paterson, NJ.**

**Cost: \$115**

**Course #:** NET 206 M1

**Dates:** Mon / Wed, Oct 23 – Nov 15

**Time:** 5:30 to 8:30 pm

**Place:** Paterson, M341

**Call for more information! 973-684-6153**

**Passaic County Community College - Office of Continuing Education & Workforce Development**

**Information:** Call (973) 684-6153 or (973) 684-5782, Monday through Friday, 8:30 am – 4:30 pm.

**Registration:** Advanced registration and payment are required for all Continuing Education classes. Once your registration and payment are received, you are automatically enrolled and a confirmation will be sent. Plan to attend your class as scheduled! You will be notified if a class is cancelled, changed or full by telephone. A **current telephone number** is required on the registration form.

**Registration by fax:** Fill out the form and fax to (973) 341-1629. Submit payment with form by mail or in person.

**Registration by mail:** Fill out the form and mail to: **Passaic County Community College, Office of Continuing Education, One College Boulevard, Paterson, NJ 07505-1179.** Please be sure to enclose payment in the form of check or money order.

**Registration by phone:** Call the PCCC Continuing Education Office (973) 684-6153 during business hours and a CE representative will hold your registration for three days until we receive your check or money order.

**Registration in person:** The Continuing Education Office is located at 200 Memorial Drive, Room: M341 (Corner of Ellison & Memorial Dr.) Paterson, NJ.

**Payment:** You may pay through the mail by check or money order payable to: **“Passaic County Community College.”** Write the student name, course # and last four digits of the student’s SS# or student ID on the check. Credit cards (Visa, MasterCard, or Discover), and cash payments must be made in person at the Bursar’s Office, PCCC, One College Blvd., Paterson.

**Withdrawals and refunds:** To withdraw from a short course or seminar, you must notify the Continuing Education Office in writing or in person. Refunds will be made as follows:

- With written notification received prior to the first class session -100%
- With written notification received after the first class meeting for courses or seminars that meet more than once – 50%
- No refunds after the second class meeting.
- For classes that meet for 120 hours or more, see CE brochure or contact CE office.

**Cancellation Policy:** The College reserves the right to cancel courses or to change dates, if necessary. Attempts will be made to notify students in the event of a change. Refunds take 4-6 weeks.

**PCCC CE Registration Form**

Last Name:	First Name: <span style="float: right;">MI:</span>
Preferred Tel. #:	Secondary Tel. #:
Street:	City:
County:	State: <span style="float: right;">Zip:</span>
Emergency Contact:	E-mail:
Student ID or Social Security #:	Date of Birth:
Employer:	Employer’s Address:
Check all that apply: <input type="checkbox"/> New <input type="checkbox"/> Returning <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	

Course #	Course Title	Place	Start Date	Cost

I certify that the above information is correct and agree to the terms of the course. Note refund policy.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

For Official Use Only:					
_____ Initial Person Accepting Registration			_____ Initial of Person Accepting Payment		
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Charge	<input type="checkbox"/> M.O.	<input type="checkbox"/> Staff	<input type="checkbox"/> Third Party