

PERSONAL DATA

 Student Name _____
LAST FIRST M FORMER

Student ID or Social Security # _____ Program of Study _____

 Address _____
STREET/PO BOX CITY STATE ZIP CODE

Email Address _____ Phone _____

 Semester: Fall Winter Spring Summer

STATISTICAL DATA

The following optional information is requested for data reporting purposes.

 Have you ever taken a BCC credit course before? Yes No

 Gender: Female Male Other _____

Date of Birth: _____

 Please indicate if you are Hispanic/Latino: Yes No

Please also select one or more of the following races:

- American Indian/Alaskan Native
- Asian
- Black or African-American
- Native Hawaiian or other Pacific Islander
- White

COURSES

Select the courses you wish to take and complete the following:

Department	Course Number	Section	Credits	Audit

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Total Credits: _____

AUTHORIZATION

By signing below, you agree to abide by the rules and regulations of BCC and accept the courses indicated.

Student Signature _____ Date _____

Academic Advising Signature _____ Date _____

Notes _____

Berkshire Community College is an affirmative action/equal opportunity institution and does not discriminate on basis of race, creed, religion, color, gender, gender identity, sexual orientation, age, disability, genetic information, maternity leave, military service, and national origin in its education programs or employment.

White Copy: Registrar; Yellow Copy: Advisor; Pink Copy: Student

Acceptance Date & Initials
