



## PERSONAL DATA

Student Name \_\_\_\_\_  
LAST FIRST M FORMER

Student ID \_\_\_\_\_ 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?  Yes  No  
Please also select one or more of the following racial/ethnic categories:

- American Indian/Alaskan Native
- Asian
- Black or African-American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- Two or more races
- White

## COURSES

\_\_\_\_\_

Department	Course Number	Section	Credits	Audit

Department	Course Number	Section	Credits	Audit

Total Credits: \_\_\_\_\_

## AUTHORIZATION

\_\_\_\_\_

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

Academic Advising Signature \_\_\_\_\_ Date \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

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

Acceptance Date & Initials
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