



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

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Total Credits: _____

AUTHORIZATION

Student Signature _____ Date _____

Academic Advising Signature _____ Date _____

Notes _____

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

Acceptance Date & Initials
