



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 Latin American
- Native Hawaiian or Other Pacific Islander
- Two or more races
- White

COURSES

Enter the following information for each course you are taking or plan to take:

Department	Course Number	Section	Credits	Audit

Department	Course Number	Section	Credits	Audit

Total Credits: _____

AUTHORIZATION

I, _____, authorize the following information to be used for the purposes stated below:

Student Signature _____ Date _____

Academic Advising Signature _____ Date _____

Notes _____

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.

Acceptance
Date & Initials

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