

## 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 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

Department	Course Number	Section	Credits	Audit

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
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