Summer 2008 Registration Form

Deadlines for Mail-In Registration: Session I, May 9 • Session I June-start, June 6 • Session II-June 20

For Admissions Information, call: 215-968-8100 BCCC Security Statistics and Measures are available at 215-968-8395

STUDENT NUMBER ☐☐☐☐☐☐☐

New Students Must Apply Online at www.bucks.edu/apply

SOCIAL SECURITY NUMBER ☐☐☐ • ☐☐ • ☐☐☐☐

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (H) _____ (W) _____

E-mail _____

Birthdate _____ Sex: ☐ Female ☐ Male

Please submit this request form only if:

- You are a returning student, or a new student who has applied online already
- You have no outstanding balance with BCCC
- You include full tuition payment with this form
- You include any needed proof of prerequisites

NOTE: You may also opt to register over the web using your WebAdvisor account. Visit *www.bucks.edu/summerweb* for details

_____

Signature *Date*

INDICATE SESSION: SESSION I = SI SESSION II = S2

SESSION	COURSE #	SECT. #	COURSE TITLE	CREDITS

By my signature, I recognize my responsibility to read, understand and abide by the rules and procedures printed in the College Catalog and this brochure. I will further recognize that I will not be exempted from the requirements of these rules and procedures because of ignorance, negligence, illnesses, other personal factors or contradictory advice from any source.

FILL OUT AND MAIL ENTIRE FORM TOTAL CREDITS ☐

STUDENT NUMBER ☐☐☐☐☐☐☐

SOCIAL SECURITY NUMBER ☐☐☐ • ☐☐ • ☐☐☐☐

Complete this registration form (and if necessary, the Veteran's Benefits Form) and mail with your check, money order or Credit Card information filled out below to:

Office of Admissions, Records & Registration
Bucks County Community College, 275 Swamp Road, Newtown, PA 18940

All previous balances due by students to Bucks County Community College must be paid prior to registration for this semester.

Name _____

Address _____

City _____ State _____ Zip _____

FOR COLLEGE USE ONLY	
AMT. REC'D	
REC'D BY	
DATE	

TUITION AND FEES: Check, Money Order or Credit Card

TOTAL AMOUNT DUE with this form (Refer to Tuition/Fees Table) See page 44.

Signature _____ ❑ Visa ❑ MasterCard ❑ Discover

Credit Card Number _____ Expiration Date _____

Cardholder's Name (Print) _____

Cardholder must be self, spouse or parent.

Cardholder's Signature _____ Date submitting this form _____