

\*REQUIRED FIELDS  
PLEASE PRINT

0 \_\_\_\_\_  
Banner ID

OR \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Social Security Number

\*NAME- Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

\*ADDRESS- Street #, P.O. Box \_\_\_\_\_ Apt. # \_\_\_\_\_

\*City/Town \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

*NOTE: BSC students with an address or phone number change must submit a separate Address Change Form.*

\*Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

PLEASE PRINT:

\*Primary E-mail address \_\_\_\_\_

Alternate E-mail address \_\_\_\_\_

**Prior education completed**

- High School Graduate
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- CAGS

**Have you been officially accepted in a program at BSC?  NO  YES**

- If yes, check one below:
- Bachelor's (see shaded area below)
  - Licensure Program
  - Master's
  - CAGS or Post Master's

I certify that all of the answers given on this form are correct and complete to the best of my knowledge. I understand that false statements could result in my dismissal from Bridgewater State College.

\*Signature: \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE ANSWER THE FOLLOWING:

At which school do you teach? \_\_\_\_\_  
 What grade level do you teach? \_\_\_\_\_  
 What subjects do you teach? \_\_\_\_\_

PLEASE NOTE: You will NOT be registered for courses until payment is received. Thank you.

Course#	Section #	Credit Level	COURSE INFORMATION	PLEASE SELECT
ECON 560	GX1	X	ST: Making a Job: Seminar in Entrepreneurship for Mid/HS Educators (2 grad credits)	
NCED 099	GX1		ST: Making a Job: Seminar in Entrepreneurship for Mid/HS Educators (PDPs ONLY)	
			DATE: July 14-15, 8am-4pm, plus online course work for graduate credit	
			LOCATION: BSC	
			COST: \$556.10 for two graduate credits; no cost for PDPs only/non-credit	

Please fill out credit card information below or send a check payable to Bridgewater State College to:

**Registrations - Off Campus Programs**

**Bridgewater State College  
Maxwell #21  
Bridgewater, MA 02325**

Faxed forms accepted with credit card information only to: 508-531-6162

**Registration Deadline:  
June 23, 2008**

**Optional Survey Information**  
Please check appropriate box.

- American Indian or Alaskan Indian
  - Black, Non-Hispanic
  - Asian or Pacific Islander
  - Hispanic
  - Cape Verdean
  - Non-Resident Alien
  - White, Non-Hispanic
  - Other
- SEX  M  F

Note: All tuition waiver and other payment forms must be submitted at the time of registration for credit to be applied.

- MasterCard  Discover Card  VISA  Check  Waiver (type \_\_\_\_\_)  Other \_\_\_\_\_
- (Make checks payable to Bridgewater State College)

MasterCard, VISA and Discover Card Only

You may pay charge through one of these three credit cards. To do so please provide the information requested.

Account Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student Signature: \_\_\_\_\_

Billing address zip code of cardholder: \_\_\_\_\_

**Please calculate Payment below:**

Tuition and Fee Total \$ \_\_\_\_\_

Parking Decal Fee \$ \_\_\_\_\_  
(Payable once per academic year)

Total payment Enclosed \$ \_\_\_\_\_

**Registration forms without payment information will be returned.**