

**\*REQUIRED FIELDS  
PLEASE PRINT**

0 \_\_\_\_\_ **OR** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Banner ID 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** **Have you been officially accepted in a program at BSC?**  NO  YES  
If yes, check one below:  
 High School Graduate  
 Associate's Degree  
 Bachelor's Degree  
 Bachelor's (see shaded area below)  
 Master's Degree  
 Licensure Program  
 CAGS  
 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	G01	X	ST: Mini Society: Seminar in Entrepreneurship for Gr 2-8 Educators (2 grad credits)	
NCED 099	G01		ST: Mini Society: Seminar in Entrepreneurship for Gr 2-8 Educators (PDPs ONLY)	
			DATE: July 21-23, 8am-4pm	
			LOCATION: BSC	
			COST: \$556.10 for two 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 30, 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.**

