

# DUAL ENROLLMENT PROGRAM

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BRISTOL COMMUNITY COLLEGE

Fall River • New Bedford • Attleboro • Taunton • eLearning

CDEP  CVTE  Self-pay  BCC Employee  Pell Experiment  Contract Course  BCC Waiver \_\_\_\_\_

Students, please complete the following:

First Name:	MI:	Last Name:	Semester of study: <input type="checkbox"/> Summer 20____ <input type="checkbox"/> Fall 20____ <input checked="" type="checkbox"/> Spring 20 <u>19</u>
D.O.B. ____/____/____ mm dd yyyy	BCC ID: 900-		
Mailing Address:			Response is Optional: <input type="checkbox"/> Male <input type="checkbox"/> Female
City:			Do you consider yourself to be: <input type="checkbox"/> Chicano/Latino/Hispanic
State:	Zip Code:		How do you describe yourself:
Home Phone:			<input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Cape Verdean <input type="checkbox"/> Portuguese <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander
Cell Phone:			
Email:			Did your mother earn a 4-year college degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
High School Name: <u>Tri-County Reg. Voc. Tech. H.S.</u>			Did your father earn a 4-year college degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
SASID: _____	Year of Graduation: _____		After H.S., do you plan on attending BCC? <input type="checkbox"/> Yes <input type="checkbox"/> No
High School Guidance Counselor Name <u>S. O'Brien</u> <i>Please print</i>	Telephone: <u>(508) 528-5400 x127</u>		SAT: Reading _____ Writing _____
			High School GPA: _____

**REQUIRED COURSE REGISTRATION (To be completed by the Guidance Counselor)**

Please list courses in order of preference:

CRN	Course	Section	Title	Campus	Day(s)	Time	Credits
12345	PSY101	B01	General Psychology	Fall River	Mon. & Weds.	2:00-3:15	3
	SPA		Elem. Spanish	TC		2:00-4:00 PM	3

