

**BRISTOL COMMUNITY COLLEGE**  
FALL RIVER, MASSACHUSETTS

**REGISTRATION**  
PRINT CLEARLY WITH BALL POINT PEN

Today's Date  
 MONTH DAY YEAR

STUDENT ID NUMBER: \_\_\_\_\_ OR \_\_\_\_\_  
 SOCIAL SECURITY NUMBER (OPTIONAL) \_\_\_\_\_  
 DATE OF BIRTH: MONTH DAY YEAR  
 PREVIOUS NAME \_\_\_\_\_  
 FIRST NAME \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_  
 CITY STATE ZIP  
 HOME TELEPHONE AREA CODE LOCAL NUMBER  
 CELL PHONE AREA CODE LOCAL NUMBER  
 WORK TELEPHONE AREA CODE LOCAL NUMBER  
 CITY STATE ZIP  
 STREET \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_  
 CHECK SESSION  
 FALL  SPRING  SUMMER

**Please check one:**  
 M—Male  
 F—Female

**RACE/ETHNICITY: Do you consider yourself to be Hispanic/Latino?**  Yes  No

**In addition, select one or more racial categories to describe yourself:**  
 Black/African American  Cape Verdean  Portuguese  American Indian/Alaska Native  Asian  
 Native Hawaiian/Pacific Islander  White

Demographic Information: Please help us to determine how well the college serves our region by completing this optional information.

**COURSE INFORMATION**

CRN	COURSE	NO.	SECT.	TITLE	CREDITS	DAY	TIME
10574	ENGL	101A	01	Composition I: College Writing (sample)	3	M & W	9:30-10:45 am

Student Signature \_\_\_\_\_ Registered By \_\_\_\_\_

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