

Application for Admission

Please Print Clearly

NAME:

Last First Middle Preferred Name Former Name

ADDRESS/LEGAL RESIDENCE:

No. & Street City State Country Zip

MAILING ADDRESS:

C/O or PO Box City State Country Zip

TELEPHONE: Home () - Mobile () -

EMAIL ADDRESS: _____

DATE OF BIRTH: _ _ / _ _ / _ _ _ _

SOCIAL SECURITY NUMBER: _ _ - _ _ - _ _ _ _

CITIZENSHIP/CLASSIFICATION (check one):

- I am a U.S. Citizen
- I am a Resident Alien
- I am an international student and need to apply for an I-20 and F-1 Student Visa (please contact the Admissions Office for additional information)
- I am a non-resident of the U.S.
- I am a Refugee/Asylee

Indicate Country of Birth: _____ And Country of Citizenship: _____

OPTIONAL INFORMATION

We ask the following questions to help the College best serve our students. Your responses to these questions are helpful, but optional.

GENDER: Male Female

Do you consider yourself to be Latino/Hispanic? Yes No

How do you describe yourself? (check all that apply)

- American Indian/Alaska Native
- Asian
- Black/African American
- Cape Verdean
- Native Hawaiian/Pacific Islander
- Other
- Portuguese
- Two or more Races
- Unknown
- White

Military Status: Veteran Dependent of Veteran Member of Armed Forces

ENROLLMENT PLANS

I plan to enter: Fall 20____ Spring 20____ Summer 20____

Please enter desired program (see College Catalog for offerings: <http://bristolcc.smartcatalogiq.com/>)

First Choice: _____

Second Choice: _____

APPLICATION FEE (must accompany application) \$10 MA & RI Residents \$35 Out of State & Foreign

Have you paid an application fee to another Massachusetts Community College? Yes No

If "Yes", name the other community college: _____. Please have college send verification of paid application fee to the Admissions Office.

PREVIOUS COLLEGE EXPERIENCE (please list all colleges previously attended) Do you have a baccalaureate degree? Yes No

Name of College/University: _____ City: _____ State: _____

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HIGH SCHOOL/HIGH SCHOOL EQUIVALENCY COMPLETION FORM & FINANCIAL AID

HIGH SCHOOL/HIGH SCHOOL EQUIVALENCY

High School/High School Equivalency Testing Center: _____ CEEB#: _____

Have you been awarded your high school diploma or the equivalent? Yes No

If YES, you must provide the following information:

High School Diploma High School Equivalency Certificate Certificate of Attainment

HOME SCHOOL (you must submit documentation from your school system approving your current educational plan) Yes No

DATE/EXPECTED DATE OF HIGH SCHOOL GRADUATION Month: _____ Year: _____

If your Massachusetts high school graduation is 2003 or later, **CHECK ONE:**

- I hold a high school diploma and have satisfied MCAS requirements
- I have a Massachusetts Certificate of Attainment
- I earned my high school diploma from a school that did not have MCAS requirements
- I graduated from a high school outside the United States (or its territories)

If you graduated from a high school outside of the United States or its territories, you are required to submit an official transcript or school leaving certificate (translated in English by an official translator and evaluated for equivalency in the U.S. system by an approved evaluation service) in order to complete your application. Contact the Admissions Office for details.

FINANCIAL AID

To complete the FAFSA, go to www.fafsa.ed.gov. You may also contact Bristol Community College's Financial Aid Office at 508-678-2811, x2515 with any questions you have about the federal and state financial aid programs. You may also visit www.BristolCC.edu/financialaid to learn more about the financial aid application process at BCC.

Please check one of the following:

- I plan to apply for federal, state or institutional financial aid and am prepared to complete the FAFSA.
- I plan to apply for federal, state or institutional financial aid, but I need help from the Financial Aid Office to complete the FAFSA.
- I do not plan to apply for federal, state or institutional financial aid at this time.

APPLICATION INSTRUCTIONS

1. Place application with a check/money order payable to Bristol Community College for \$10 (\$35 out of state) in envelope.
2. Request high school(s)/high school equivalency and all colleges attended to send official sealed transcripts to the Admissions Office at Bristol Community College.
3. Mail to: Admissions Office, Bristol Community College, 777 Elsbree Street, Fall River, MA 02720
4. Questions? Visit our website at www.BristolCC.edu/admissions, email us at admissions@bristolcc.edu or call 508-678-2811, x2947.

CERTIFICATION OF INFORMATION

I certify that this information is factual and accurate. I understand that any misrepresentation, omission or incorrect information shall be cause for disciplinary action up to dismissal, with no right of appeal or a tuition refund. The college will ask me to provide a final, official high school/high school equivalency transcript for academic advising and course registration purposes.

Applicant Signature

Date

Parent/Guardian Signature (if applicant is under 18 years of age)

Date

I consent to the reproduction and/or use of photographs of me in college publications and in all forms of media and in all manners including display, editorial, art, and exhibits. If not, please check here: (By checking, you take responsibility for notifying any College photographers taking photos.)

NOTICE OF NON-DISCRIMINATION

Bristol Community College is an Affirmative Action/Equal Employment Opportunity Employer and does not discriminate on the basis of race, sex, gender identity, color, national origin, sexual orientation, genetic information, religion, age, veteran status or disability under state or federal law in any aspect of employment, admissions, access or treatment of its programs and activities. Applicants for admission and employment, students, employees, and referrals of applicants for admission, and employment with questions or complaints about compliance with Title VI and Title VII of the Civil Rights Act of 1964, Title VI of the Civil Rights Act of 1968, Title I and Title II of the Civil Rights Act of 1991, the Equal Pay Act of 1963, Executive Order 11246 (1965), and Title IX of the Education Amendments of 1972, should contact Executive Director of Human Resources, Hudnall Administration Building, D208a at 508.678.2811, ext. 2194. Those with questions or complaints regarding the Americans with Disabilities Act or Sections 503 and 504 of the Rehabilitation Act of 1973 should contact, Michael Bensink, Director of Counseling, Commonwealth College Center, G213, at 508.678.2811, ext. 2569.

FOR OFFICIAL USE ONLY – DO NOT WRITE IN THIS BOX

Admit: _____ SL/SO/SOA*: _____ Authorized College Personnel: _____ Date: _____
RVM / RV / RM / EX TCs are / will be

MASSACHUSETTS COMMUNITY COLLEGE IN-STATE TUITION FORM

NAME:

Last First Middle Former Name, If Applicable

MAILING ADDRESS:

C/O or PO Box City State Country Zip

DATE OF BIRTH: __/__/____ SOCIAL SECURITY NUMBER: ___-__-____

Are you a U.S. Citizen? [] Yes [] No If NO, please complete the following:

Are you a permanent resident? [] Yes [] No If YES, please list alien registration number _____

If you are not a U.S. citizen or permanent resident, please state your visa or immigration status in detail:

PLEASE CHECK THE CATEGORY THAT APPLIES TO YOU:

- 1. [] I have been a Massachusetts resident for six (6) continuous months and intend to remain here. As proof of my intent to remain in Massachusetts, I possess at least two of the following documents, which I shall present to the institution upon request. These documents are dated within one (1) year of the start date of the academic semester for which I seek to enroll (except, possibly, for my high school diploma). The institutions reserves the right to make any additional inquiries regarding the applicant's status and to require submission of any additional documentation it deems necessary.

Please check off those documents you possess as proof of your intent to remain in Massachusetts:

- [] Valid driver's license [] Utility Bills [] Employment Pay Stub
[] Valid Car Registration [] Voter Registration [] State/federal tax returns
[] Mass. High School Diploma [] Signed lease or rent receipt [] Military home of record
[] Record of parents' residency for unemancipated person [] Other _____

- 2. [] I am an eligible participant in the New England Board of Higher Education's Regional Student Program. (I am a resident of Rhode Island, Connecticut, Maine, New Hampshire or Vermont.)
3. [] I am a member of the armed forces (or spouse or unemancipated child) on active duty in Massachusetts.

CERTIFICATION OF INFORMATION

I certify that this information is true and accurate. I understand that any misrepresentation, omission or incorrect information shall be cause for disciplinary action up to dismissal, with no right of appeal or a tuition refund.

Applicant Signature

Date

Parent/Guardian Signature (if applicant is under 18 years of age)

Date

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I have reviewed the above information in order to determine this individual's eligibility to receive the in-state tuition rate. Based on my review, I have determined that this individual:

- [] IS eligible for the in-state tuition rate.
[] IS NOT eligible for the in-state tuition rate.
[] I am unable to make a determination at this time. The following additional information has been requested of the applicant:

Authorized College Personnel: _____ Date _____