

CONTINUING EDUCATION

COURSE REGISTRATION FORM

STUDENT INFORMATION									
Full Loggl N	ama a :								
Full Legal Name:			Middle Name	Last Name					
Addross									
Address.	Street			Zip Code	Country				
Phone:	one: Email:								
Date of Birth	1:		Gender: 🗆 Male 🗖 Female						
Ethnicity: American Indian or Alaska Native Asian Black or African American Hispanic or Latino Native Hawaiian or Pacific Islander Two or More Races White Decline to Answer									
Select if this visa status applies to you:									
Certificate Program (if applicable):									
REGISTRATION INFORMATION									
Year/Term	Course ID	Section	Course Title	Credits	Day/Time				
DISCOUNT INFORMATION									
Select an eligible below. Discounts are not valid on non-credit courses.									
□ 10% Senior (age 60+)									
□ 50% BAC Graduate of BAC degree or certificate program									
PAYMENT INFORMATION									
Full payment is required to complete your registration.									
Pay Online at www.the-bac.edu/onlinepay. Email your payment confirmation number to <u>ce@the-bac.edu</u> .									
By signing below, I understand that I will be charged based on the published tuition and fees and am responsible for all financial obligations to the BAC. I acknowledge that I am subject to the BAC's refund policy. I understand									

for all financial obligations to the BAC. I acknowledge that I am subject to the BAC's refund policy. I understand that the BAC reserves the right to cancel a class due to insufficient enrollment, at which time I will be contacted about a refund or option to enroll in an alternate course. I have read and agree to this information.

Signature: ____

_ Date: _____

Office Use Only:									
	Rec. Date:	Reg Signature:	Bursar Signature:	Disc:	Amt Charged:				