



**BOSTON  
ARCHITECTURAL  
COLLEGE**

# INTENT TO REGISTER

**PLEASE FILL OUT THIS FORM AND RETURN IT TO THE ADMISSIONS OFFICE.**

## GENERAL INFO

Name:  Address 1:

Social Security Number:  Address 2:

Phone Number:  City:

Email:  State:  Zip:

**PLEASE CHECK THE APPROPRIATE BOXES AND SIGN.**

**Yes, I would like to attend the BAC for Spring 2017!** I am enclosing my \$150 Intent to Register Fee.

The program I am entering is (full degree name):

I would like to RSVP for **New Student Orientation** on:

January 5<sup>th</sup>–6<sup>th</sup>, 2017 (Thursday–Friday)

No, I have decided to decline my acceptance to the BAC for the following reason:

I cannot attend this semester, but please defer my acceptance until next semester.

Please withdraw my acceptance, as I will be attending another college.

Name of college or university:

Please withdraw my acceptance, as I am pursuing another direction, and am no longer considering this program.

Signature:  Date:

## PAYMENT OPTIONS

Intent to Register Fee Payment Options:

Pay by credit card.

Call Admissions Office at **617.585.0123**

Pay by check. Check made payable to BAC and mail to:

**Boston Architectural College, Office of Admissions  
320 Newbury Street  
Boston, MA 02115**