REQUEST FOR ENROLLMENT STATUS

NAME ____________________________________________

STUDENT ID# ________________________________________

DAY PHONE# ________________________________________

☐ MAIL/FAX ________________________________________

☐ EMAILED TO BAC EMAIL ACCOUNT
☐ PICK UP AT STUDENT AFFAIRS

SEMESTER/YEAR FOR WHICH YOU ARE REQUESTING ________________

REASON(S)
☐ LENDER
☐ INSURANCE PURPOSES
☐ SOFTWARE DISCOUNT
☐ SKI PASS
☐ OTHER (please specify)

__________________________________________________________________

SIGNATURE ______________________ DATE ______________________

PLEASE ALLOW 5 BUSINESS DAYS FOR PROCESSING.

OFFICE USE ONLY
PROCESSED BY (INIT) ________________ DATE ________________