



**STUDENT INFORMATION**

Student Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City State Zip

Preferred Email \_\_\_\_\_ Preferred Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender  Male  Female BAC ID # \_\_\_\_\_

Ethnicity  American Indian/Alaskan Native  Asian  Black or African American  Hispanic or Latino  Native Hawaiian or Pacific Islander  
 Non-resident Alien  Race or Ethnicity Unknown  Two or More Races  White  Decline to Answer  Other

Are you an AIA Member?  Yes  No If yes, list your AIA Membership # \_\_\_\_\_  
(for AIA learning credits)

If you are currently enrolled in a BAC certificate program, please indicate program. \_\_\_\_\_

**REGISTRATION INFORMATION**

Course # \_\_\_\_\_ Course Name \_\_\_\_\_ Day/Time \_\_\_\_\_ Credits \_\_\_\_\_

Course # \_\_\_\_\_ Course Name \_\_\_\_\_ Day/Time \_\_\_\_\_ Credits \_\_\_\_\_

Course # \_\_\_\_\_ Course Name \_\_\_\_\_ Day/Time \_\_\_\_\_ Credits \_\_\_\_\_

**TUITION INFORMATION**

The cost of tuition is based upon the credit load for each course. For the most up-to-date tuition pricing, please reference the BAC website or contact the Bursar's Office at 617.585.0115. Tuition payments must be made in full at the time of registration.

**DISCOUNTS**

If you are eligible for one of the discounts listed below, please contact the Bursar's Office at 617.585.0115 for an accurate quote of tuition owed. Please note that discounts are not valid on non-credit courses and programs.

Senior 10%  BAC Faculty  BAC Staff  Graduate Discount 50% (must hold a BAC certificate or degree)

**PAYMENT INFORMATION**

Please select your method of payment below:

Check  Cash  Money Order  MasterCard  Visa  American Express  Discover

\_\_\_\_\_  
Name on card Credit Card Number Exp. Date

**WAIVER**

*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. Furthermore, 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 \_\_\_\_\_

**For Office Use Only:**

Rec. Date:	Reg. Int.:	Bur. Int.:	Disc:	Amt. Charged:	Date Proc:
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