



**BOSTON
ARCHITECTURAL
COLLEGE**

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 _____