

REGISTRATION FORM

Please Print Firmly

Semester: ___ Fall ___ Spring ___ Summer Year _____

Student Number: _____ Program of Study: _____

Student's Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip _____

Home Phone No. _____ Cell Phone No. _____ Email address _____

Call No.	Course No.	Course Title	Instructor	Days	Time	Rm #	Cr. Hrs.

ADVISOR'S SIGNATURE _____ TOTAL HOURS _____

If over 19 total credit hours: Campus Dean's Signature _____

I have read and agree to the tuition payment and withdrawal policies of Bevill State Community College.

Student's Signature

Today's Date

It is the policy of the Alabama State Board of Education and Bevill State Community College, a postsecondary institution under its control, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefit of, or be subjected to discrimination under any program, activity, or employment.