BEVILL STATE COMMUNITY COLLEGE

			REG		FION F	ORM					
				Please Pi	rint Firmly						
		Semester:	Fall	Spring	Summer	Year		-			
Student Number:		Program of Study:									
Student's	Last Name	First Name					Middle Name				
Address		City				State	Zip				
Home Pho	one No.	Cell Phone No.					Email address				
CRN No.	Course No.		Cours	e Title		Instructor	Days	Time	Rm #	Cr. Hrs.	
1											

ADVISOR'S SIGNATURE

TOTAL HOURS

If over 19 total credit hours: Division Administrator'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 Community College System, its Board of Trustees, and Bevill State Community College, a postsecondary institution under its control, that no person shall be discriminated against on the basis of any impermissible criterion or characteristic, including, but not limited to, race, color, national origin, religion, marital status, disability, gender, age, or any other protected class as defined by federal and state law.