

Spring 2011 Registration/Academic Advising Form

By **September 14, 2011** please submit completed form to:

**Off Campus Programs, Maxwell Library, Room 21
Bridgewater State University, Bridgewater, MA 02325
Phone: 508.531.6010, Fax: 508.531.6162**

All highlighted areas must be completed in order for registration to be processed.

Payment may be made by credit card or ACH electronic check on the BSU Student Account Suite. To access the Payment Suite go to www.bridgew.edu/studentaccounts and click on the eBill icon. Banner ID and PIN help may be found at <https://www.bridgew.edu/bannerid> by logging in with your BSU e-mail name and password. Students may NOT register for classes if an outstanding hold exists.

Banner ID

OR

Last four digits of your SS# needed for ID purposes

Name (print): _____
Last First Middle

Address: _____
Street Unit

_____ State _____ Zip _____
City/Town

If you are NOT currently enrolled, have you ever attended Bridgewater State University before? Yes No

If yes, list all names used previously : _____

Please note: If you have not taken a course during the previous semester (fall or spring) you must complete the Reinstatement Process through the Graduate Admissions Office before you can enroll for courses this semester! www.bridgew.edu/sogs/forms.cfm

NOTE: Students with an address or phone number change since last enrolled must submit an Address Change Form.

Home Phone: _____

Daytime Phone: _____

Date of Birth: _____ / _____ / _____
Month Day Year

E-mail Address: _____

SEX M F

Optional Survey Information. Please check appropriate box.

Do you consider yourself to be Hispanic/Latino?

_____yes _____no

Prior education completed:

High School Graduate

Associate Degree

Bachelor Degree

Graduate Certificate

Master Degree

CAGS

Institution Name of Highest Award _____

In addition, please select one or more of the following racial categories that describe you:

American Indian or Alaska Native

Asian

Black or African American

Cape Verdean

Native Hawaiian or other Pacific Islander

White

Have you been officially accepted in a program at BSU? No Yes

If yes, check below:

Bachelor's (advisor signature required *)

Postbaccalaureate Program

Graduate Certificate Program

Master's

CAGS or Postmaster's

Program Name _____

I certify that all of the answers given on this form are correct and complete to the best of my knowledge. I understand that false statements could result in my dismissal from Bridgewater State University. Once registered, I further understand that if I wish to drop or withdraw from any course, I must do so in writing by the stated deadline to avoid any unnecessary fiscal charges or a failing grade, as outlined at www.bridgew.edu/registration, in the "Add, Drop, Withdrawal Deadlines" section.

Student's Signature (Required): _____ **Date** ____/____/____

Course#	Section #	G	COURSE INFORMATION	PLEASE SELECT
EDMC 530	RO1	G	Teacher as Researcher	XXX
			DATES: 9/28, 10/5, 10/12, 10/19, 10/26, 11/2, 11/9, 11/16	
			TIME: 4-7 pm	
			LOCATION: Marshfield Public Schools	
			COST: \$0 for Marshfield Public School Staff; all others \$1024.14	