

**Fall 2011  
Registration/Academic Advising Form**

By **August 29, 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](http://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  
City/Town State Zip

**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](http://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](http://www.bridgew.edu/registration), in the "Add, Drop, Withdrawal Deadlines" section.

**Student's Signature (Required):** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

Course#	Section #	G	COURSE INFORMATION	PLEASE SELECT
SPED 530	R01	X	Assessment Procedures in Special Education	
			DATE: Sept. 15, 22 Oct. 6, 13, 20, 27, Nov. 3, 10, 17 Dec. 1, 8, 15	
			TIME: 5:00pm to 8:00pm	
			LOCATION: May Institute, 41 Pacella Park Dr., Randolph, MA 02368	
			COST: \$0 for May Institute personnel only for 3 graduate credits	