

**Summer 2011
Registration/Academic Advising Form**

**By published deadlines, please submit completed form to: Registrar's Office, Boyden Hall, Room 003, Ground Floor
Registration Begins April 4, 2011
Bridgewater State University, Bridgewater, MA 02325
Phone 508.531.1231, Fax 508.531.6101**

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 fiscal or health hold exists. **Although students may register via mail or fax, delays may occur based on staff availability. Web registration or in person is recommended to ensure a space.**

Banner ID **OR** Last four digits of your SS#
Needed for ID purposes

Name (print): _____
Last First Middle
Street Address _____ Unit _____
City/Town _____ State _____ Zip _____

NOTE: Current or Former students with a name, address or phone number change must ALSO submit a Name or Address Change Form.

If you are NOT currently enrolled, have you ever attended, applied to, or worked for Bridgewater State University before? YES NO

If YES, list all prior names: _____

If YES, due to previous enrollment: You must complete the Reinstatement Process through the appropriate Admission Office before you can enroll for courses this semester! Reinstatement Forms are available on the Web.

Home Phone: _____ . _____ . _____
Daytime Phone: _____ . _____ . _____
Date of Birth: _____ / _____ / _____
Month Day Year
E-mail Address: _____

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

If yes, check below and provide program name:

- Bachelor's
 Postbaccalaureate Program
 Master's
 CAGS or Postmaster's
Program Name _____

Prior education completed:

- High School Graduate
 Associate Degree
 Bachelor Degree
 Master Degree
 CAGS

Institution Name of Highest Award _____

SEX M F

Optional Survey Information

Do you consider yourself to be Hispanic/Latino? Yes No

In addition, select one or more of the following categories to describe yourself:

- American Indian or Alaska Native Asian
 Black or African American Cape Verdean
 Native Hawaiian or Pacific Islander White

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. I further understand that once registered, it is my responsibility to drop via the Web or in writing, or withdraw in writing, from any/all courses by the stated deadlines if I no longer wish to be enrolled.

STUDENT SIGNATURE (REQUIRED): _____ **Date** ____ / ____ / ____

SUMMER SESSION I (5 Weeks) - If Course Prerequisites have not been fulfilled at BSU, documentation must also be attached.							
Course # (Ex. ENGL 101)	Sec # (Ex. 001)	CRN (Ex. 11111)	Credit Level U G		Course Title	Days	Time
SUMMER SESSION II (5 Weeks) - If Course Prerequisites have not been fulfilled at BSU, documentation must also be attached.							
SUMMER 10-WEEK SESSION and NON-STANDARD DATE COURSES - If Course Prerequisites have not been fulfilled at BSU, documentation must also be attached.							