

Berkshire County High School Students have the opportunity to enroll in BCC credit courses. Students may take any college course for which they meet the pre-requisites. Please note the transferability of credit to another institution is determined by the receiving institution.

Please choose which early college program you are applying for:

- ☐ BRIDGE TO COLLEGE: Seniors Only. Tuition/fees waived for one course per year. Student responsible for books and transportation.
- ☐ CONCURRENT: High School Course approved for BCC college credit.
- ☐ DUAL ENROLLMENT: High School students enroll in college course. Student responsible for tuition, fees, books and transportation.

Please check off each section below to complete this form:

## ☐ STUDENT INFORMATION

Name \_\_\_\_\_  
LAST FIRST M

Address \_\_\_\_\_  
NUMBER/STREET CITY STATE ZIP

Email \_\_\_\_\_ Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ - - High School \_\_\_\_\_

Date of Birth \_\_\_\_\_  
MONTH/DAY/YEAR Gender ☐ Female ☐ Male

Are you Hispanic/Latino (optional)? ☐ Yes ☐ No

Please select (optional): ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White

## ☐ ACCUPLACER TEST

Have you completed the Accuplacer test at your high school or BCC?: ☐ Yes ☐ No Date Completed \_\_\_\_\_

☐ Do you have a high school GPA of 2.7 or higher? If so, you are excused from Accuplacer Reading/Writing.

Otherwise, contact the BCC Testing Center at 413-236-1655 to schedule an appointment - and inform the staff you are an early college applicant.

## ☐ REQUIRED SIGNATURES

A parent/guardian signature is required if the student applicant is under 18 years of age. Your signature indicates permission for the student to participate in the program, and for BCC to release enrollment information (including official transcripts) to the high school. **By signing below, you agree to abide by the rules and regulations of BCC and accept the courses indicated.**

**I certify that the information on this application is complete and accurate to the best of my knowledge.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## ☐ GUIDANCE COUNSELOR

Please complete the following. Your responses will not affect the student's enrollment. Your signature certifies that the named student is currently enrolled, is a student in good standing, and/or you approve of their course selection.

Under FERPA §99.34(b) Berkshire Community College may share dual-enrolled student information with the High School without consent.

SASID# \_\_\_\_\_ Graduation Year \_\_\_\_\_

This student currently maintains a GPA of 2.7 or higher. ☐ Yes ☐ No: If no, please provide their GPA: \_\_\_\_\_

This course will be accepted for high school credit. ☐ Yes ☐ No

Signature \_\_\_\_\_ Date \_\_\_\_\_



## ☐ COURSES

List the BCC course(s) below that you wish to take, including day, time and location (visit [coursecatalog.berkshirecc.edu](http://coursecatalog.berkshirecc.edu) to see current course listings).  
Contact Shelly Armstrong, academic advisor, at (413) 236-1639 to schedule a registration appointment. Bring this completed form with you to register.

### Course 1

Course/Section (ex. ENG 101 02) \_\_\_\_\_

Course Name \_\_\_\_\_

Day/Time \_\_\_\_\_ Faculty \_\_\_\_\_

### Course 2

Course/Section \_\_\_\_\_

Course Name \_\_\_\_\_

Day/Time \_\_\_\_\_ Faculty \_\_\_\_\_

### Course 3

Course/Section \_\_\_\_\_

Course Name \_\_\_\_\_

Day/Time \_\_\_\_\_ Faculty \_\_\_\_\_

### Course 4

Course/Section \_\_\_\_\_

Course Name \_\_\_\_\_

Day/Time \_\_\_\_\_ Faculty \_\_\_\_\_

### Course 5

Course/Section \_\_\_\_\_

Course Name \_\_\_\_\_

Day/Time \_\_\_\_\_ Faculty \_\_\_\_\_



Name \_\_\_\_\_  
LAST FIRST M

Address \_\_\_\_\_  
NUMBER/STREET CITY STATE ZIP

Email \_\_\_\_\_ Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ High School \_\_\_\_\_

Date of Birth \_\_\_\_\_  
MONTH/DAY/YEAR

Are you a U.S. Citizen? ☐ Yes ☐ No — If not, please complete the following:

Are you a Permanent Resident? ☐ Yes. Alien registration number \_\_\_\_\_ ☐ No

If you are not a U.S. Citizen or Permanent Resident, please state your Visa or immigration status: \_\_\_\_\_

**PLEASE CHECK THE IN-STATE OR REDUCED TUITION ELIGIBILITY CATEGORY THAT APPLIES TO YOU:**

Are you under 18 years old? ☐ Yes. Please provide parent/guardian residency documentation. ☐ No

☐ I have been a Massachusetts resident for six (6) continuous months and intend to remain here. As proof of my intent to remain in Massachusetts, **I POSSESS AT LEAST 2 OF THE FOLLOWING DOCUMENTS**, which I shall present to the institution upon request. These documents\* are dated within one (1) year of the start date of the academic semester for which I seek to enroll (except possibly for my high school diploma). The institution reserves the right to make any additional inquiries regarding the applicant's status and to require submission of any additional documentation it deems necessary. Please check-off those documents you possess as proof of your intent to remain in Massachusetts.

☐ Valid driver's license

☐ Voter registration\*

☐ Military home of record\*

☐ Utility bills\*

☐ State/federal tax returns\*

☐ Record of parents' residency for

☐ Employment pay stub\*

☐ MA high school diploma

un-emancipated person\*

☐ Valid car registration

☐ Signed lease or rent receipt\*

☐ Other \_\_\_\_\_

☐ I am an eligible (ME/NH/VT/RI/CT) participant in the New England Board of Higher Education's Regional Student Program.

☐ I am a permanent legal resident of the state of New York.

☐ I am a member of the armed forces (or spouse or un-emancipated child) on active duty in Massachusetts.

**CERTIFICATION OF INFORMATION**

I certify that this information is true and accurate. I understand that any misrepresentation, omission or incorrect information shall be cause for disciplinary action up to dismissal, with no right of appeal or to a tuition refund.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(REQUIRED IF APPLICANT IS UNDER 18 YEARS OLD.)

**FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE**

I have reviewed the above information in order to determine this individual's eligibility to receive the in-state tuition rate. Based on my review I have determined that this individual:

☐ IS eligible for the in-state tuition rate.

☐ IS NOT eligible for the in-state tuition rate.

☐ I am unable to make a determination at this time. The following additional information has been requested from the applicant:

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_