

COURSE REGISTRATION FORM

SECTION I – Student Information					
High School Name:				Year in HS 10 11 12	
Legal Name: (first & last)				Date of Birth	
Address:			City	St	Zip
Email:				Phone:	
SECTION II – Registration Information					
Course Subject (Ex. ENGL)	Catalog Number (Ex. 110)	Class Number (Ex. 17943)	Course Title (Ex. College Composition I)	Course Instructor	Delivery Method (Mark One)
					<input type="checkbox"/> HS On Site <input type="checkbox"/> ITV <input type="checkbox"/> Online Only <input type="checkbox"/> BSC On Site
					<input type="checkbox"/> HS On Site <input type="checkbox"/> ITV <input type="checkbox"/> Online Only <input type="checkbox"/> BSC On Site
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SECTION III – Authorization					
<p>By signing this document it is understood that you the student is incurring a legal obligation to pay all charges assessed to the student account on CampusConnection by the due date regardless of the eligibility for financial aid or other financial assistance. It is acknowledged the student will check their enrollment and student account for accuracy. It is understood all BSC policies and procedures will be adhered to in regard to the due dates, attendance, dropping classes, or withdrawing to zero credits.</p>					
Signature of Student:				Date:	
Parent signature indicates verification of financial obligation. Required for all students in high school.					
Parent/Legal Guardian:				Date:	

Please retain a copy of this form for your records

Submit Form To:
 Admissions/Enrollment Services
 Bismarck State College
 PO Box 5587
 Bismarck, ND 58506-5587
 Fax: 701-224-5643
bsc.admissions@bismarckstate.edu