Registration Form - Bucks County Community College

275 Swamp Road, Newtown, PA 18940 (215) 968-8100 On the web: www.bucks.edu

First-time applicants must apply online at https://www.bucks.edu/apply/

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Student Number

Term Year 20 ____
__ Fall
__ Intersession
__ Spring
__ Sum I __ Sum II

Advisor comments/Registration Notes (for College use only, please)

SAMPLE ONLY!

Last Name First Middle

Street Address Apt. No.

City State Zip Code

Phone (Home) Phone (Work)

___Please check here if your name or address has changed.

To register online, go to www.bucks.edu, click on WebAdvisor. Read the online 'Guide for Students' and note the payment due date. After you register, Click on 'My class schedule' to view your current schedule. It is your responsibility to verify and adjust your schedule.

Access your Bucks student e-mail account at: http:// www.bucks.edu/bucksmail/

Current Academic Standing _____ Maximum credits allowed _____
___ Prerequisites checked (please note waivers, etc. in space above)

Advised by _____ Date _____

I, _____ _____
Student Signature Date

agree to pay tuition and fees by the payment deadline. I understand that I must submit WRITTEN notice to the Admissions Office by the published refund deadline to cancel my registration and have my charges removed or reduced. Also, I understand that I am ultimately responsible for my course selections and their relevance to my program of study.

4-letter, 3 number Course Code	Section	Abbreviated Course Title	Credit Hours	Audit	*Write in class start time.* Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.	Bldg/Room
Waitlisted sections must be managed via your WebAdvisor account!												

Last day for 100% refund is the business day BEFORE the TERM officially begins.

Total Credit Hours

The College reserves the right to cancel your registration if you fail to make payment by the published tuition due-date.

Payment Information

Submit Yellow copy with your payment to Student Accounts Office or use the "Make a payment' option in WebAdvisor by the due date.

Tuition and fees (College use only)

$ _____ Application Fee
$ _____ Activities Fee
$ _____ Capital Fee
$ _____ College Service Fee
$ _____ Tech Support Fee
$ _____ Tuition
$ _____ Other fees/charges

Amount Received $ _____

Received by _____

Date _____

TERM Amount Due $_____ Payment due date: _____

Registration processed by_____ Date _____

IMPORTANT: If possible, use "Make a payment" in WebAdvisor. Otherwise, write credit card info on Yellow Copy only. Cardholder must be self, spouse or parent.

To pay by credit card, please supply the following information:

Card expiration date (month/year): _____

Type of card: __American Express __Visa __MasterCard __Discover

Credit Card Number: _____ - _____ - _____ - _____

Printed name of cardholder _____

Signature of cardholder: _____

Copies: White: Registration Yellow: Std. Accounts Pink: Student

BCCC 04/08

WALK-IN REGISTRATION SAMPLE ONLY!