



SPECIAL APPLICATION FOR SELECT STUDENTS

APPLICANT PERSONAL INFORMATION

Social Security Number _____

Last Name _____ First _____ Middle _____ Birth Date _____ Age _____

Street Address _____ City _____ Zip _____ High School _____ Anticipated Grad. Date _____

Cell Phone _____ Home Phone _____ High School Year (Fr./Soph./Jr./Sr.) _____

Email _____

Gender: Male Female

Race/Ethnic Group:
 African American (not of Hispanic origin)
 Hispanic
 Asian/Pacific Islander
 American Indian
 Alaskan Native
 White (not of Hispanic origin)

What is your primary goal in attending BCC?
 To complete a BCC Degree and transfer to another college
 To take English as a Second Language
 To complete a Certificate
 To complete an Associate Degree
 To prepare to transfer to a four-year school
 For job advancement/improve skills
 To take classes as a non-degree student and transfer back to my home college

Have you completed any courses at Burlington County College? Yes No

If yes, which one(s): _____

COLLEGE COURSE(S) RECOMMENDED BY HIGH SCHOOL GUIDANCE COUNSELOR

Indicate Semester/Term you plan to enter: Fall Spring Summer Session I Summer Session II

DEPT.	COURSE NO.	SECTION	LOCATION	COURSE TITLE	INSTRUCTOR	CREDIT	DAY	TIME
TOTAL CREDITS								

PRINT High School Guidance Counselor/Principal Name _____

Signature _____ Date _____

My signature on this form affirms an intention to attend the courses listed above. I acknowledge that my actions create a financial obligation to the college and I agree to pay all applicable charges by the due date established by the college. I understand and accept that my responsibility cannot be relinquished unless and until I complete an official withdrawal prior to the first day of the semester/term.

Student Signature _____ Date _____

Parent Signature _____

Relationship _____ Date _____