

BISHOP STATE COMMUNITY COLLEGE

___ **ADMISSION** ___ **READMISSION**

Mark the box of the campus you wish to attend.

MAIN CAMPUS

351 North Broad Street
Mobile, Alabama 36603-5898
Phone: (251) 405-7000

CARVER CAMPUS

414 Stanton Street
Mobile, Alabama 36617-2399
Phone: (251) 662-5400

CENTRAL CAMPUS

1365 Dr. Martin L. King Jr. Ave.
Mobile, Alabama 36603-5362
Phone: (251) 405-4400

SOUTHWEST CAMPUS

925 Dauphin Island Pkwy.
Mobile, Alabama 36605-3299
Phone: (251) 665-4100

FOR ALL LOCATIONS - 1-800-523-7235

Term of Enrollment

Fall Spring Summer

Full Time (12 hrs. or more) Part Time

Year _____

Full Legal Name: _____
(Last) (First) (Middle)

SSN

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Other Name: _____
(If Applicable) (Last) (First) (Middle)

Student Number: _____
(For office use only)

Major: _____

Sex: _____ Male _____ Female

Current Address: _____
(Street) (City/State) (ZIP) (County)

Permanent Address: _____
(Street) (City/State) (ZIP) (County)

Emergency Contact Name: _____ Phone: (____) _____ Date of Birth: ____/____/____

Home Phone: (____) _____ Business Phone: (____) _____ Cell Phone: (____) _____

Ethnic Group (Voluntary: This information is for state and federal reporting purposes only.)

Caucasian/Non-Hispanic African-American/Non-Hispanic Asian/Pacific Islander Hispanic

American Indian/Alaskan Native Other (Specify) _____

High School Academic History

High School Attended: _____ Location: _____
(City/State)

Graduation Date (Month and Year) ____/____/____ Type of Diploma: Standard Advanced Occupational Certificate

Have you earned a GED? Yes No When and where did you complete your GED? Year: ____ Location: _____
(City/State)

Entry Status

First Time Freshman Returning Student Transfer Accelerated High School Student

Dual Enrollment/High School Audit Only (No Grade - No Credit) Senior Citizen Transient

Collegiate Academic History (List ALL colleges and universities attended.)

Name	Location	Attendance Dates From _____ / _____ To _____ / _____	Did You Graduate? / Type Degree ___ Yes ___ No Type _____
Name	Location	Attendance Dates From _____ / _____ To _____ / _____	Did You Graduate? / Type Degree ___ Yes ___ No Type _____
Name	Location	Attendance Dates From _____ / _____ To _____ / _____	Did You Graduate? / Type Degree ___ Yes ___ No Type _____

Are you on probation from the last college/university attended? ___ Yes ___ No

Are you on suspension from the last college/university attended? ___ Yes ___ No Date of Suspension: _____

Educational Objective

Transfer Degree (AA, AS) Career or Technical Degree (AAS, AOT) Certificate Training for Business or Industry

Self-Improvement (for college credit) Self-Improvement (Audit only, non-credit) Transient Only (Submit letter from current college) Other (Specify) _____

Citizenship Status (To be completed by non-U.S. citizens only.)

Country of Citizenship: _____ Place of Birth: _____

Permanent Resident: Yes (If yes, enclose a front and back photocopy of Resident Alien Card.) No

Source of Funds: _____ VISA Type: _____

Foreign Exchange Student: Yes No

VETERANS ONLY - Are you a Veteran? Yes No Will you receive VA Benefits? Yes No

EMPLOYMENT STATUS - Employer's Name: _____

SELECTIVE SERVICE: I CERTIFY THAT I COMPLY WITH THE PROVISIONS OF THE UNITED STATES MILITARY SELECTIVE SERVICE ACT (50 U.S.C. APP 453) BY HAVING REGISTERED WITH THE SELECTIVE SERVICE BOARD, OR THAT I AM NOT YET 18 YEARS OF AGE AND WILL REGISTER WHEN REQUIRED, OR THAT I AM NOT REQUIRED BY LAW TO REGISTER.

I understand that false information may make me ineligible for admission and enrollment. I further understand that it will be my obligation as a student at Bishop State Community College to know and abide by the college policies and procedures as stated in the BSCC Catalog. It is the official policy of the Alabama State Department of Education, including Postsecondary institutions under the control of the State Board of Education, that no person in Alabama shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program activity, or employment.

Signature: _____ Date: _____

