



Bachelor of Applied Science Supplemental Program Application

- New Student
 Current/Former Broward College Student

Please check the degree program to which you are applying					
Supervision and Management	Information Technology	Technology Management			
Please check the campus you wish to attend					
North	Central	South			

First Name	Middle Initial	Last Name	Suffix										
Social Security Number		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>											
Broward College Identification Number		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>											

Date of Birth	Month		Day		Year	
Gender	Male		Female		Other	

Expected Term of Attendance: Check One
<input type="checkbox"/> Fall (August/September) <input type="checkbox"/> Winter (January) <input type="checkbox"/> Summer (May/June)
Year _____

Home Phone	()		-				
Work Phone	()		-				
Cell Phone	()		-				

Broward College Email Address

Permanent Home Address : Street and Number

City	State	Zip Code

Mailing Address (if different from above) : Street and Number

City	State	Zip Code

Country of citizenship	Ethnicity
<p>Information on ethnic origin, sex and age of students is voluntary and will not be used for discriminatory purposes</p> <p>According to the United States Immigration Service:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am an international student <input type="checkbox"/> I am a political asylee <input type="checkbox"/> I am a refugee <input type="checkbox"/> I am a Permanent Resident Alien <p>List Alien Registration Number here: A_____</p>	<p>Please check the appropriate box</p> <ul style="list-style-type: none"> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White, Non-Hispanic

Mail application to: Broward College, Attn: Richard Louis, Student Success Coordinator
1000 Coconut Creek Blvd., Bldg 46, 2nd Floor Coconut Creek, FL 33066

High School/GED Information	
Name of High School	
City and State	
Month Graduated	Year
State where GED was awarded	
Month GED was awarded	Year

College/University Record				
You must list in chronological order EVERY college and university attended including Broward College (if you are a former or current student) starting with the most recent institution attended. Include schools even if you did not complete a term. If additional space is needed, please use a separate sheet.				
List names of all colleges previously attended here:	Graduated	Degree (AA, BS, etc)	Major	Date Awarded
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Did you leave in good standing from these schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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In an emergency, please notify:	
Name and address	
Phone number including area code:	() -
Relationship to student	

I acknowledge by my signature that I understand the College is collecting my social security number for the purpose of complying with federal and state statutes related to employment, financial and academic assistance and inter-institutional articulation or transfer, and that the College may disseminate that information in some communications with outside organizations, while taking precaution to safeguard use of the number. I also understand that should I choose not to have my social security number transmitted to the Internal Revenue Service (IRS) in response to Hope/Lifetime Learning Tax Credit reporting, I face the possibility of a fine of \$50.

I hereby apply for admission to the Bachelor of Applied Science Program and agree that, if accepted, I will abide by all rules, procedures, and policies of the college, now and hereafter adopted, as set forth in the Board of Trustees Rules and Procedures Manual and as published in the College Catalog and Student Handbook. I certify that as a condition of admission, I will not unlawfully possess, use, sell, purchase, manufacture, deliver or possess with the intent to sell, purchase, manufacture or deliver any controlled substance while enrolled at Broward College (BC). I understand that it is my responsibility to request that my high school and/or college transcripts be forwarded to the college. However, I authorize Broward College to obtain my high school and/or college transcript(s) and other necessary admission records, including test scores, from other institutions that I have attended, electronically and/or hard copy. I certify that the answers given herein are true and correct. I further understand that a false statement in this application or any admission document will subject me to penalties pursuant to §837.06, Florida Statutes; and is grounds for denial of admission or, upon further discovery, grounds for dismissal and invalidation of college credit or degree based on such credit.

By signing this application, I am granting permission to Broward College, its agents and staff to use video and photographs of myself for BC promotional/advertising materials without charge. No promises have been made and no consideration is involved in their use. If I do not want BC to use videos and photographs of myself, I will inform the Dean of the Bachelor of Applied Science programs.

Signature (in ink) _____

Date _____

For Official Use Only:

POS	Adm.Code	Status	Residency	Entered by	Campus	Date