

Third Party Student Registration Form

All areas must be completed for submission. Please type or print clearly. Thank you.

Personal Information				
Social Security Number or BRCTC Student ID:				
2. Propler Name:	[First	[] Middle Name		
3. Previous Name(s) under which you were enrolled: (i.e. maiden, married)				
4. Address:				
Mailing Address				
City, State, Zip Code 5. County: 6. If West Virginia Resident, how long?				
7. Home Phone: () Alternate Phone: ()				
8. E-mail Address:				
9. Ethnic Group: □American Indian or Alaskan □Black □White □Hispanic □Asian or Pacific Islander				
. 10. Do you consider yourself non-Hispanic? □Yes	(The Ethnic question is optional. The college asks submit statistical data to the federal and state gov	(The Ethnic question is optional. The college asks for this information to allow it to submit statistical data to the federal and state government on a regular basis. Your		
eligibility will not be impaired if you chose not to answer this question.)				
11. Birth Date: ☐ Male ☐ Female				
13. Are you a US Citizen? □Yes □No If not, what is your Visa status? □				
High School / GED (required)				
□ High School or □ GED Name of High School: _ []				
City: _[] State: _[]				
Graduation Year / GED Year:				
Course Registration				
CRN SUBJECT COURSE# SECTION	COURSE TITLE	CREDIT HRS	AUDIT	
Re	emote Management	.1		
	TOTAL	.1		
Organization: EPSHRM				
Interested in a degree at Blue Ridge CTC? No YesList Degree interested in:				
Signature: Date:5-13-2020				

Third Party Credits are considered college courses and may classify as in school and defer student loan payment unless you notify your loan provider.

Directory information may be released on enrolled students unless the student requests in writing to withhold this information.