P.A.C.E. REGISTRATION FORM

STUDENT ENROLMENT, REGISTRATION & RECORDS (SERR)
Bermuda College P.O. Box HM 2718, Hamilton HM LX BERMUDA
T: 236-9000 ext. 4051 | FAX: 239-4051 | E: serr@college.bm

PERSONAL INFORMATION

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss **STUDENT ID#:** _____

Surname: _____ Maiden: _____ First: _____ Middle: _____

REGISTERED NAME *(if different from above)*: _____

Mailing Address: _____ Home Address: _____

Home Telephone: _____ Daytime Telephone: _____

E-mail: _____ Date of Birth: : Day _____ Month _____ Year _____

RESIDENCY

Do you possess Bermudian status? ☐ Yes (go to next section) ☐ No (country of citizenship): _____

Do you reside in Bermuda? ☐ Yes (length of time)_____ ☐ No (country of residence):

Do you currently have permission to reside in Bermuda? ☐ Yes (Submit Entry Permit) ☐ No

Is English your first language? ☐ Yes ☐ No - attach TOEFL Score Report *(see www.toefl.com)*

RESIDENT INTERNATIONAL (PLEASE NOTE)

Resident International Students are those students who are not Bermudian and have been on the Island for less than five (5) years. If you classify as a Resident International Student you will have to pay the resident International fees. (See Bermuda College Catalogue for fees)

ETHNICITY & GENDER

Gender: ☐ Female ☐ Male

The following information is used for statistical purposes only. It is not used to determine admission into Bermuda College.

To which ethnic group do you belong? _____

We recognise that some students may require special assistance to ensure their success. Indicate by checking the appropriate box if you have any special needs *(e.g. learning disabilities and/or physical challenges, etc.)*

☐ No ☐ Yes If yes, submit all supporting documentations including academic and psychological test results as well as any special accommodations required. Students who knowingly omit and/or misrepresent required information shall be subject to disqualification.

APPLICATION INFORMATION

For a complete listing of course codes please visit - www.college.bm/images/documents/bc/BC_Catalogue.pdf

COURSE CODE *(e.g. ACC 135)*	SECTION *(If applicable)*	AUDIT *(Seniors/Others)*	WAITLIST *(Yes/No)*	COURSE NAME	FEE

Sponsored Students Please Note: All sponsored students must provide credit or debit card information for course registration to be processed. These cards will be charged for any outstanding tuition and fees if accounts are not paid by sponsors within 90 days of registration date. As a member of the Bermuda Credit Association (BCA), all overdue accounts are referred to the BCA. The student will agree to pay all agency charges, legal costs and other expenses incurred by Bermuda College in attempting to recover overdue amounts.

TO BE COMPLETED BY SPONSOR:

Organisation: _____ Contact Person: _____

Sponsor's Address: _____ Telephone: _____

_____ E-mail: _____

_____

PAYMENT METHOD *(See the Business Services Office for payment options)* ☐ Cash ☐ Cheque ☐ Mastercard ☐ Visa

☐ **PAY ONLINE**: **www.college.bm/payment**

Signature of Applicant:_____ **Date:**_____