# BCC Prep Application Non-Degree Seeking Students

Mail this application along with any supporting documentation to: Office of Recruitment and Admissions, Bergen Community College, 400 Paramus Road, Paramus, New Jersey 07652-1595

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you an I-20.

Please print or type			
First Name M.I. Last	Name		
Maiden Name/Other Name/s Used			
Street Address			
City State Zip Cod	e County		
Day Phone Evening Phone			
*Required Date of Birth			
*Social Security Number			
*Required E-Mail (required for portal/grades)			
We collect the following information to meet research and federal rep	oorting requirements: (optional)		
Asian   Black or African-American	Sex:  Male Self: Female Aniian or Pacific Islander		
I want to start Bergen in:         Image: Fall (September-December) Year         Image: Spring (Januar)	ry-May) Year		
Citizenship: Country of Birth U.S. Citizen or Dermanent Resident. Enter your Alien Regist Primary Language	ration Number A Length of Time Living in U.S		
If you are not a U.S. Citizen or Permanent Resident, please	complete the following (required to process application):		
Are you in the U.S. now? If yes, tell us your current visa type: If no, do you need a Form I-20 from BCC to apply for an F-1 visa? Yes No	F-1 visiting students (Summer or Winter session, or concurrently enrolled students only) check here. 🗅		
For all visa holders currently in the U.S.: When does your current visa status expire?	<i>Note:</i> F-1 students must submit financial and immigration documentation before being issued an I-20.		
For F-1 students in the U.S. only: If you are attending a school in the U.S., and plan to transfer your SEVIS record to BCC, please write the name of the school that issued	See <b>www.bergen.edu/isc</b> for a complete list of required documents.		

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#### Residency

Bergen Community College reserves the right to require proof of state and county residency. Are you presently a Bergen County resident? ਪ Yes No

#### Interests

Would you like to receive more information about specialized services?Would you likeYesNoYesYesNo

Would you like to receive more information about the Deaf Center? Yes 
No

### **Educational Background**

Name of High School	City	State	Country	Graduation Date	

#### Signature

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that submission of false information may result in dismissal from the College. In addition, upon my enrollment, I will abide by the policies and regulations of the College.

#### **Print and Sign**

Print Sign Date

No person acting within the scope of his or her authority and responsibility at Bergen Community College shall discriminate on the basis of color, age, race, creed, sex, sexual orientation, national origin, ancestry, disability, marital or veteran's status.

All information is subject to change. Please visit www.bergen.edu for the most current information.

To request this document in an alternate format, please contact the Office of Recruitment and Admissions at Smartstart@bergen.edu or (201) 447-7200.

(Return this form to David A. Eichenholtz or Catherine Malone - College/High School Partnerships)