

BRIDGEWATER COLLEGE

Bridgewater, Virginia 22812

APPLICATION TO ENROLL AS A PART-TIME STUDENT

Name _____ SSN _____

Address _____

Date of Birth _____ Place of Birth _____

Work Phone Number _____ Home Phone Number _____

High School Attended _____ Date of Graduation _____

High School Address _____

Previously enrolled at Bridgewater College? Yes No (Circle One)

If yes, dates of attendance _____ Major _____

Degree Received: BA BS None (Circle One)

Other College(s) Attended:

Name _____

Address _____

Dates of Attendance _____ Major _____ Degree _____

Name _____

Address _____

Dates of Attendance _____ Major _____ Degree _____

COURSES FOR WHICH YOU WISH TO ENROLL:

Semester _____ Year _____

Dept.	Cat. No.	Description	Section	Room	Time	Day	Credits

Signature _____ Date _____

RETURN TO: OFFICE OF ADMISSIONS
BRIDGEWATER COLLEGE
BRIDGEWATER, VA 22812