



# Blue Mountain College Online Registration

Full Name of Student \_\_\_\_\_  
(First Name) (Middle Name) (Maiden Name, if married) (Last Name)

Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street Address or P.O. Box) (City) (State) (Zip)

County \_\_\_\_\_

Telephone Number \_\_\_\_\_ Alternate Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Ethnicity (Check all that apply)

White, Non-Hispanic       Hispanic       Non-resident Alien  
 Asian/Pacific Islander       Black, Non-Hispanic       American Indian/Alaskan Native

Marital Status (Check one)

Single     Married     Widowed     Divorced

Religious Preference \_\_\_\_\_ Are you a member? \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

(Check one):

Degree-seeking at BMC (If checked, are you seeking teacher certification? \_\_\_\_\_)  
 Degree-seeking, but not at BMC  
 Non-degree seeking

Year in School (Check one)

Freshman     Sophomore     Junior     Senior     Post Graduate

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

Semester or Term?

Course(s)?

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed registration form by fax to (662)685-4776, Attn: Office of the Registrar  
or by mail to: Office of the Registrar, Blue Mountain College, PO Box 160, Blue Mountain, MS 38610.

Upon receipt of this form, payment options will be emailed from the Office of Business Affairs.