ACCEPT THE CHALLENGE

Bluefield State University | 219 Rock Street | Bluefield, West Virginia 24701

PERSONAL INFORMATION

Name:	
Home Telephone:	Cellular Telephone:
Social Security #:	Date of Birth:
Gender: Male Female Email	
Home Address:	
City State Zip Code	 : County
	Graduation Year:
	African American \square American Indian or Alaskan Native \square Asian \square Pacific Islander Are You Hispanic/Latino? \square Yes \square No
\square Fall Semester (August-December)□Spring Semester (<i>January-May</i>)
Do you wish to participate on a pat If on a pathway, please check one o	hway for any of the following programs? \square Yes \square No of the following:
behalf of the West Virginia Higher	oproved pathways will receive full tuition for dual credit courses on Education Policy Commission, Series 19, Dual Enrollment Program. ese pathways will be charged \$75 per credit hour.)
□Education □Health Professions (i.e., Nursing, Rad Tec □Social Sciences □STEM (Science, Technology, Engineering	
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3	4
I declare that the information I hav authorize BSU to verify the informa Student Signature	e supplied on this application is complete, truthful, and correct and ation given on this application:
Date	

Disclosure By providing your cellular telephone number, you agree to receive text-based communication from Bluefield State University the West Virginia High Education Policy Commission, and College for West Virginia (CFWV). Your information will not be shared with institutions other than those to which you have shown interest, nor will your information be shared with or sold to vendors or other third-party agencies. Standard text-messaging rates may apply, and you are responsible for any costs incurred while receiving texts. You may opt-out at any time by replying with the word, "STOP."