



STUDENT REGISTRATION FORM

Term: _____

Name: _____ **ID #:** **900** - _____ - _____ - _____

Home Address: _____ **Phone:** _____

City, State, ZIP: _____ **Program:** _____



You must notify Enrollment Services immediately if your program or address has changed by filling out appropriate form available in Enrollment Services or you may send an email from your myBHC account to: registrar@bhc.edu
You are also responsible for contacting Enrollment Services or registrar@bhc.edu if you wish to withdraw from a course.

[**REGISTER OR ADD CLASSES**](#)

DROP CLASSES

Subject Code/ Course No.	Course Reference #	Section No.	Cr. Hrs.	Instructor Signature (when needed)* Signature is good for 24 hours unless noted.
<i>Example: ENG 101</i>	11505	001	3	

By signing this form, you are acknowledging that you understand and agree to the following terms and conditions put forth by Black Hawk College's Financial Responsibility Agreement. The full agreement can be found at <https://www.bhc.edu/paying-for-college/college-tuition-and-payments/financial-responsibility-agreement/>.

I acknowledge that I am entering into a legal binding contract with BHC to pay all tuition and fees for this semester by the payment due date, whether or not a bill has been received. If I withdraw or drop class/classes after the refund period (see www.bhc.edu/refund), then I am financially obligated to pay for the courses, even if I have never attended any class sessions.

All past due accounts are subject to a late fee of \$10.00 per month or maximum of \$30.00 per semester. The responsible party promises to pay for services in accordance with the above terms. If, at any time, for any reason, the responsible party is unable to pay for services when due, the responsible party agrees to pay and authorizes BHC to bill their account late fees, as described above. In the event it becomes necessary for BHC to incur collection costs or institute suit to collect any amount due under this agreement, the responsible party shall be responsible for charges incurred, to pay all additional costs, charges, collection fees and expenses, including reasonable attorneys' fees and costs, if incurred for the collection or otherwise and submits to jurisdiction and venue in Rock Island County, Illinois.

Student Signature (required) _____ **Date** _____ **BHC Staff** _____ **Date** _____

Parent Signature (if student is under 18 years old) _____ **Date** _____

FINANCIAL AID RECIPIENTS: Financial aid is based on attendance for the entire semester. Dropping will affect your completion rate and may result in an overpayment of aid. You are advised to talk with Financial Aid to withdraw from class after the semester has begun.

***Advisor signature needed:**

- if adding after term has started, but class has not yet met

***Instructor signature needed:**

- if adding after start of class

revised April 23 2025