



Bridgerland Technical College

Training Program Registration

Program: _____

Student Name: _____ Student ID: _____

Email Address: _____ Birth Date: _____

Certificate

Bridgerland certificate or other equivalent related program. Attach transcript (if not Bridgerland certificate).

Degree

Related associate's degree or higher (from a nationally or regionally accredited institution). Attach transcript from transferring institution.

Related Industry Experience

Work experience information to be completed below.

Major: _____

If you selected **Related Industry Experience**, please complete the related employment section below:

Employer Name: _____ Supervisor: _____

Employer Phone Number: _____ Length of Employment: _____

Job Position(s): _____

Responsibilities: _____

Please attach job description if available

Recommended Prerequisite Course(s) (if any):

Student Signature: _____ Date: _____

BTECH Department Head: _____

BTECH Student Services: _____

Form must be returned to Student Services to complete enrollment.