



# 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.

Major: \_\_\_\_\_

**Related Industry Experience**

Work experience information to be completed below. (Attach job description and/or employer verification)

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*

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.**