

**BUTLER COUNTY COMMUNITY COLLEGE (BC3)  
PRAXIS REGISTRATION FORM**  
Mail to: Praxis Coordinator, Butler County Community College  
PO Box 1203  
Butler, PA 16003-1203

Please submit payment with this form. Make checks payable to Butler County Community College. Tuition is due at time of registration.

**(FILL IN USING BLUE OR BLACK INK ONLY)**

SOCIAL SECURITY NUMBER / \_ / \_ / \_ / \_ - / \_ / \_ / \_ - / \_ / \_ / \_ / \_ /

NAME (LAST, FIRST, M.I.)  
/ \_ /

**(HOME) STREET ADDRESS**  
/ \_ /

CITY / \_ / \_ / \_ / \_ / \_ / \_ / \_ / \_ / \_ / \_ / \_ / \_ / \_ / STATE / \_ / \_ / ZIP / \_ / \_ / \_ / \_ / \_ /

DATE OF BIRTH \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

HAVE YOU BEEN A RESIDENT IN PENNA. FOR THE PAST 365 DAYS? CIRCLE: YES OR NO

ARE YOU AN UNITED STATES CITIZEN? CIRCLE: YES OR NO IF YOU ANSWERED NO YOU MUST PROVIDE DOCUMENTATION AT TIME OF REGISTRATION.

PHONE NUMBER \_\_\_\_\_

- RESIDENCY CODE
- 1. Resident of Butler County ONLY
  - 3. Out-of-State (Home Residence)
  - 4. In-County Employer Paying (Student Out-of-County)
  - 5. All Other Counties in Pennsylvania

YOUR RESIDENCY CODE \_\_\_\_\_

ENTER YOUR STATUS AS A CREDIT STUDENT.  
PLEASE CIRCLE ONE: NEW READMIT CURRENT

PROGRAM CODE: / 102A (Praxis class)/

COURSE PREFIX  
LETTERS      COURSE NUMBER  
\_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_

COURSE TITLE  
\_\_\_\_\_

(Please indicate Praxis test numbers also)

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_