



Opportunity College to BCTC Freshman

Student ID or Social Security Number: _____

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

Program of Study: _____

Term: _____ (e.g. Fall 2018)

Signature _____ **Date** _____

**Drop off or mail completed form to: BCTC Office of Admissions, Oswald Bldg, Rm 119•470 Cooper Drive•
Lexington, KY 40506**

Please contact the Office of Admissions at (859) 246-6210 with questions concerning general admission.