

The term SPECIAL STUDENT denotes an individual who has earned a bachelor's degree and wishes to take additional undergraduate courses at Baldwin-Wallace College. Special Students may enroll in day, evening and weekend undergraduate classes.

Baldwin-Wallace College does not discriminate on the basis of race, creed, age, disability, national origin, gender or sexual orientation in the administration of any policies or programs.

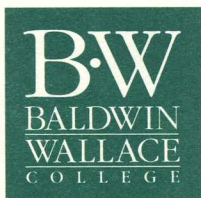
Baldwin-Wallace College
Admission Office
275 Eastland Road
Berea, OH 44017-2088
440-826-8012
1-877-BW-APPLY
440-826-2054 (FAX)
www.bw.edu/admission
evening@bw.edu

To apply:

- Complete this application form and return it to the B-W Admission Office along with a \$25.00 nonrefundable application fee. Make check payable to Baldwin-Wallace College.
Submit an official college/university transcript verifying completion of your bachelor's degree. A transcript should be mailed directly from the college/university where you earned your bachelor's degree to the B-W Admission Office (see form below).

Please note: Submit official transcripts from all colleges attended only if you are attending Baldwin-Wallace for one of the following purposes:

- to become a teacher for the first time or add a new area of licensure.
to earn an undergraduate degree from Baldwin-Wallace College.
to enroll in one of the B-W Certificate Programs.



Request for Official Transcript

Mail this form to the college/university from which you earned your baccalaureate degree so that Baldwin-Wallace College will receive an official copy of your transcript mailed directly from that institution. This form is designed for your convenience and may be copied if you are requesting transcripts from more than one school.

To the Registrar of:

(COLLEGE/UNIVERSITY FROM WHICH TRANSCRIPT IS REQUESTED)

At your earliest convenience, please forward an official copy of my transcript to:

BALDWIN-WALLACE COLLEGE, ADMISSION OFFICE,
275 EASTLAND ROAD, BEREA, OH 44017-2088.

Please return this form with the transcript.

Transcript fee enclosed \$ (Please call the above institution to confirm transcript fee.)

Student's Name Last First Middle / Maiden

Name used while attending the institution listed above

Address Street City State Zip

Date of Birth (month / day / year) Social Security Number Dates Attended (from / to)

Number of official copies requested:

- Self (advisable to obtain one for personal records)
Send directly to Baldwin-Wallace College

Student's Signature

Date

Baldwin-Wallace Special Student Application

PERSONAL INFORMATION

Legal Name: _____
(PLEASE PRINT) Last First Middle Initial or Maiden

If records might appear under a different name, please indicate: _____

Home Address: _____
Number Street

City State Zip

Telephones Home: (_____) Business: (_____) _____

Cell/other: (_____) FAX: (_____) _____

E-mail: _____

Business: _____
Employer Present Title or Position

Business Address: _____
Street City State Zip

Female Male Social Security Number: _____ Date of Birth: _____
Month Day Year

U.S. Permanent Resident: Yes No Green Card: Yes No

F-1 Visa: Yes No Other: _____

If not a U.S. Citizen: Country of Citizenship: _____ Country of Birth: _____

Do you receive tuition benefits from your employer? Yes No

Have you attended B-W before? Yes No

If yes: undergraduate courses graduate courses Years attended: _____

EDUCATIONAL PLANS

Do you plan to enroll: Evening/Weekend Fall, _____ Spring, _____ Summer, _____
 Day

Do you plan to earn an undergraduate degree from Baldwin-Wallace? Yes No Major _____

Do you plan to enroll in a B-W Certificate Program? Yes No

Accounting Human Resources Management

Applied Communications Leadership

Computer Information Systems Organizational Development

Are you taking classes to become a teacher for the **first time** or to add a **new teaching area** to your license?

Teaching area/grade level you are seeking: _____

Are you enrolling to **renew** a teaching license? Yes No

(Please complete other side.)

EDUCATIONAL BACKGROUND

List in chronological order all colleges and universities attended:
 Name of College or University City & State

Attendance Dates (Month & Year)

Degree Earned

_____	From _____ To _____	_____
_____	From _____ To _____	_____
_____	From _____ To _____	_____
_____	From _____ To _____	_____

How did you become interested in Baldwin-Wallace College?

- | | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Academic program | <input type="checkbox"/> B-W Information Night | <input type="checkbox"/> Family | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Accelerated courses | <input type="checkbox"/> Campus location | <input type="checkbox"/> Friend | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Admission interview | <input type="checkbox"/> College reputation | <input type="checkbox"/> Internet/Web site | |
| <input type="checkbox"/> Alumni | <input type="checkbox"/> Co-worker | <input type="checkbox"/> Newspaper ad | |

OPTIONAL INFORMATION

How would you describe yourself?

- | | | |
|--|--|---|
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Latino(a)/Hispanic | <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Pacific Islander |
| | <input type="checkbox"/> Bi-racial/Multi-racial | <input type="checkbox"/> Other _____ |

Marital status: _____ Number of children: _____

APPLICANT SIGNATURE

I hereby certify that to the best of my knowledge the information given by me on this application is complete, and I understand that any misrepresentation may be cause for denial or cancellation of admission. I further pledge to comply with all rules and regulations which the College has found to be valuable in the maintenance of its academic and social standards of life and conduct.

 Signature Date

Please return the completed application form to:
 Baldwin-Wallace College, Admission Office, 275 Eastland Road, Berea, OH 44017-2088.