

BALDWIN-WALLACE COLLEGE

Master of Arts in Education and Teacher Licensure Programs

Application for Admission



Legal name _____
(Please Print) Last First Middle or Maiden, if applicable

If records might appear under different last name(s), please indicate _____

Female Male Social Security Number _____ Birth date _____
Month / Day / Year

Permanent home address _____
Number and Street

City or Town State County Zip

Home phone (Area Code) _____ Number _____ Cell/Other (Area Code) _____ Number _____

Business phone (Area Code) _____ Number _____ Fax (Area Code) _____ Number _____

E-mail _____

Are you a veteran? Yes No Do you plan to apply for financial aid (FAFSA)? Yes No

If not a U.S. Citizen, please answer the following:

Country of citizenship _____ Country of birth _____

Are you a U.S. Permanent Resident? Yes No Do you have a Green Card? Yes No Pending

Do you have a current F-1 Visa? Yes No Other Visa type _____

When did/will you take the Test of English as a Foreign Language (TOEFL)? _____ Score _____ Computer-based Paper-based Internet-based
Month / Year

EDUCATIONAL PLANS AND BACKGROUND

Intended date of entrance Fall Semester 20____ Spring Semester 20____ Summer Semester 20____

Have you previously applied to Baldwin-Wallace College? No Yes _____
Date

FOR APPLICANTS WHO ARE LICENSED TEACHERS

Type of teaching license held _____ in which state _____

Indicate if you are employed by a School Partnership Program district (see www.bw.edu/partner) District _____

- Programs** Master of Arts in Education Degree
- Educational Technology Mild/Moderate Educational Needs Reading School Leadership Teaching & Learning
 - Adding a License or Endorsement at the Graduate Level
 - Educational Technology Mild/Moderate Educational Needs Reading School Leadership Teaching & Learning - Graduate Non-Degree (may include renewing a license, workshops)
 - Transient Status

FOR APPLICANTS WHO ARE NOT LICENSED TEACHERS

- Programs** License+Master's Program (earn initial teaching license and MAEd)
- Educational Technology Mild/Moderate Educational Needs Reading
 - Licensure Only (earn initial teaching license, undergraduate coursework only)

Proposed Teaching Area

- Early Childhood (PreK-Grade 3)
- Middle Childhood (4-9) Two teaching areas:
1) _____ 2) _____
- Adolescent/Young Adult (7-12) Teaching area: _____
- Multi-Age (PreK-12) Teaching area: _____
- Mild/Moderate Educational Needs (K-12)

CWRU School Social Work Program

- Mandel School of Applied Social Sciences (MSASS)

COLLEGES AND UNIVERSITIES ATTENDED

List in chronological order all colleges and universities attended.

Name of College/University	Attendance Dates (Month & Year)	Degree Earned
_____	From _____ To _____	_____
_____	From _____ To _____	_____
_____	From _____ To _____	_____
_____	From _____ To _____	_____

CAREER-RELATED INFORMATION

List in chronological order your record of employment.

Dates	Employer	Location	Position
From _____ To _____	_____	_____	_____
From _____ To _____	_____	_____	_____
From _____ To _____	_____	_____	_____

Master's Candidates: Discuss briefly your career objectives in pursuing an advanced degree in your field of study. For **License+ Master's and Licensure Only students**, discuss your reasons for pursuing a teaching career.

Recommendations: Please list the names, addresses and positions of two persons who will send confidential recommendations supporting your background and potential to pursue this program of study in education.

Name	Address	Position
_____	_____	_____
_____	_____	_____

How did you become interested in Baldwin-Wallace College? Please check all that apply.

- | | | | | |
|--|--|---|------------------------------------|--|
| <input type="checkbox"/> Academic Program | <input type="checkbox"/> B-W Information Session | <input type="checkbox"/> College Publications | <input type="checkbox"/> Friend | <input type="checkbox"/> Reputation |
| <input type="checkbox"/> Admission Interview | <input type="checkbox"/> Campus Location | <input type="checkbox"/> Co-Worker/Employer | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Web Site/Internet |
| <input type="checkbox"/> Alumni | <input type="checkbox"/> Campus Visit | <input type="checkbox"/> Family | <input type="checkbox"/> Radio | <input type="checkbox"/> Other _____ |

OPTIONAL INFORMATION

If you wish to be identified with a particular ethnic group, please check all that apply.

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> African American, Black | <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> Hispanic, Latino(a) | <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Native Hawaiian, Pacific Islander |
| <input type="checkbox"/> Native American, Alaska Native (tribal affiliation _____ enrolled _____) | <input type="checkbox"/> Other _____ | | | |

Marital status _____ Number of children _____ Religious faith _____

REQUIRED INFORMATION

Have you ever been convicted of a misdemeanor, felony or other crime? Yes No

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 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 _____