



# SCHOOL SOCIAL WORK PROGRAM

## Verification of Eligibility for Enrollment

A cooperative program between Baldwin-Wallace College and CWRU Mandel School of Applied Social Sciences

**To be completed by the student:**

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

Permanent Mailing Address: \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State Zip County

Date of Birth \_\_\_\_\_  Female  Male S.S.Number: \_\_\_\_\_ Veteran?  Yes  No

\_\_\_\_\_  
(Area Code) Home Phone (Area Code) Cell Phone (Area Code) Business Phone

Email: \_\_\_\_\_ FAX: \_\_\_\_\_  
Area Code and Number

Have you previously attended Baldwin-Wallace College?  Yes  No If yes, what year(s)? \_\_\_\_\_

Do you plan to attend class in the:

Fall Semester, \_\_\_\_\_  Spring Semester, \_\_\_\_\_  Summer Session, \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Applicant Name

**MSASS VERIFICATION OF ELIGIBILITY FOR ENROLLMENT:**

*To be completed by the CWRU Mandel School of Applied Social Sciences (MSASS) Director.*

I certify that the applicant is approved for the School Social Work Program.

PLEASE PRINT \_\_\_\_\_  
Director, Mandel School of Applied Social Sciences

Signed \_\_\_\_\_  
MSASS Director Signature

Date \_\_\_\_\_

Please return this completed form directly to:  
Office of Admission  
BALDWIN-WALLACE COLLEGE  
275 Eastland Road – Bonds 102  
Berea, OH 44017-2088