

# BALDWIN-WALLACE COLLEGE

## Office of Student Affairs/Judicial Affairs

### Evaluation Form



This form is **REQUIRED** if you meet the following criteria or when requested by the Admission Committee:

- you are currently enrolled or have been enrolled as a full-time student within the last academic year, *and*
- the college/university attended is a four-year residential campus.

#### APPLICANT

Please complete the section below prior to giving it to the Dean of Students at the institution you last attended.

Applicant's Name: \_\_\_\_\_  
*Last First Middle or Maiden, if applicable*

Permanent Home Address \_\_\_\_\_  
*Number Street City State Zip*

Intended date of entrance:  Fall Semester, 20\_\_\_\_  Spring Semester, 20\_\_\_\_  Summer Semester, 20\_\_\_\_

Previous institutions and dates attended (name of college/university) Attendance Dates

\_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

\_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

\_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

The bottom of this form must be completed before your application for admission to Baldwin-Wallace College as a transfer student will be considered. Your signature below authorizes release of the information requested.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### OFFICE OF STUDENT AFFAIRS/JUDICIAL AFFAIRS

The above applicant has applied for admission as a transfer student to Baldwin-Wallace College. We would appreciate if you could complete the section below and return this form to the Office of Admission. If you have additional comments, please feel free to use the reverse side.

#### CONFIDENTIALITY

Materials submitted in support of an application for admission to Baldwin-Wallace College are reviewed only by members of the Admission Committee and other College staff responsible for admission decisions. Please know that any of the information you may share can be viewed by the applicant should he/she choose to matriculate at Baldwin-Wallace College.

Was the student involved in any disciplinary action during enrollment at your institution?  Yes  No

If yes, please describe the charge and the action taken \_\_\_\_\_

Is the student eligible for immediate re-enrollment at your institution?  Yes  No

If no, please explain \_\_\_\_\_

Are there any additional student services that this student may need?  Yes  No

If yes, please explain \_\_\_\_\_

Institution \_\_\_\_\_ Signed \_\_\_\_\_

Phone \_\_\_\_\_ / \_\_\_\_\_ E-mail \_\_\_\_\_

Date \_\_\_\_\_ Position \_\_\_\_\_