BALDWIN-WALLACE COLLEGE
GRADUATE EDUCATION REGISTRATION FORM

☐ **Fall Sememester** ☐ **Spring Semester** ☐ **Summer Semester** _____ **YEAR**

FAX (440) 826-6522 ***We do not acknowledge receipt of fax*** **EMAIL webregis@bw.edu**

Please fill in all of the information below, mark the appropriate box if there is a change, and SIGN the bottom

NAME___
Last First

STUDENT I.D. # _____

☐ **NEW ADDRESS** (Please update computer records.) ☐ **NEW PHONE** (Please update computer records)

HOME ADDRESS_____

CITY_____ **STATE**_____ **ZIP CODE**_____

HOME PHONE_____

Office Use Only	Dept.	Course No.	Section	Course Title	Credit Hours	Time	Days	Bldg. & Room
				Total Credit Hours				

ALTERNATE CHOICES PLEASE NOTE: Some of the above courses may be closed at registration time. List alternate(s) below.

Office Use Only	Dept.	Course No.	Section	Course Title	Credit Hours	Time	Days	Bldg. & Room

By signing below, I give my consent to be registered for the above course(s) and agree to pay the charges generated by the new course enrollment. Print

Signature_____Date_____

BALDWIN-WALLACE COLLEGE
REGISTRATION & RECORDS
See webpage for office hours
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