

**BALDWIN-WALLACE COLLEGE  
APPLICATION FOR GRADUATION  
MASTER OF ARTS IN EDUCATION**

NAME: \_\_\_\_\_  
(AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA)

UNDERGRADUATE DEGREE AND INSTITUTION: \_\_\_\_\_

**PLEASE NOTE:** Only Undergraduate degrees will be listed in the Commencement book.

SPELL YOUR NAME AS IT IS PRONOUNCED: \_\_\_\_\_

STUDENT ID NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: WORK: \_\_\_\_\_  
\_\_\_\_\_ HOME: \_\_\_\_\_  
CITY STATE ZIP

E-MAIL ADDRESS: \_\_\_\_\_

IF YOU OR A MEMBER OF YOUR FAMILY IS EMPLOYED AT BALDWIN-WALLACE COLLEGE, LIST THE NAME, DEPT. AND RELATIONSHIP: \_\_\_\_\_

PLEASE INDICATE THE SEMESTER DURING WHICH YOU EXPECT TO COMPLETE ALL DEGREE REQUIREMENTS, **INCLUDING THE COMPREHENSIVE EXAMINATION:**

FALL 20 \_\_\_\_\_ SPRING 20 \_\_\_\_\_ SUMMER 20 \_\_\_\_\_

CHECK YOUR AREA OF CONCENTRATION:  
LITERACY \_\_\_\_\_ MILD/MODERATE \_\_\_\_\_

PRE-ADMIN \_\_\_\_\_ EDUC TECHNOLOGY \_\_\_\_\_

LEADERSHIP \_\_\_\_\_ LEADERSHIP HIGHER EDUC \_\_\_\_\_

TEACH & LEARN \_\_\_\_\_

CHECK IF YOU ARE IN THE LICENSE PLUS MASTERS PROGRAM: \_\_\_\_\_

\_\_\_\_\_  
YOUR SIGNATURE DATE

**FOR OFFICE USE ONLY:**

FOLDER RELEASED FROM ADMISSIONS: \_\_\_\_\_ Student ID: \_\_\_\_\_  
LIC + MASTERS UG OK? (CHECK WITH EDU): \_\_\_\_\_

**RETURN TO:** REGISTRAR'S OFFICE, 275 EASTLAND ROAD, BEREA, OH 44017  
OR FAX 440-826-6522.