

**BALDWIN WALLACE UNIVERSITY**  
**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 (\_\_\_\_\_) \_\_\_\_\_ Cell/Other (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number Area Code Number

Business phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number 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\_\_\_\_

Class format  On campus  Online

Have you previously applied to Baldwin Wallace University?  No  Yes \_\_\_\_\_  
Date

**FOR APPLICANTS WHO ARE LICENSURED 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](http://www.bw.edu/partner)) District \_\_\_\_\_

- Programs**  Master of Arts in Education Degree  
 Educational Technology  Literacy  Mild/Moderate Educational Needs  School Leadership  
 Adding a License or Endorsement at the Graduate Level  
 Educational Technology  Reading  Intervention Specialist  Principal  
 Leadership in Higher Education (LHE)  
 CWRU Mandel School Social Work  
 Graduate Non-Degree (may include renewing a license, workshops)  
 Transient Status

## 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 _____	_____	_____	_____

Discuss briefly your career objectives in pursuing an advanced degree in your field of study.

**Recommendations:** Please list the names, addresses and positions of two persons who will submit 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 University? Please check all that apply.

- |  |   |   |                                    |  |
|--|---|---|------------------------------------|--|
| <input type="checkbox"/> Academic Program    | <input type="checkbox"/> BW 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

- Are you Hispanic/Latino?  Yes, Hispanic or Latino (including Spain)  No *Please describe your background* \_\_\_\_\_
- Regardless of your answer to the prior question, please indicate how you identify yourself. (Check **ALL** that apply.)
  - American Indian or Alaska Native (including all Original Peoples of the Americas)  
Are you enrolled?  Yes  No If yes, please enter Tribal Enrollment Number \_\_\_\_\_ *Please describe your background* \_\_\_\_\_
  - Asian (including Indian subcontinent and Philippines) *Please describe your background* \_\_\_\_\_
  - Black or African American (including Africa and Caribbean) *Please describe your background* \_\_\_\_\_
  - Native Hawaiian or Other Pacific Islander (Original Peoples) *Please describe your background* \_\_\_\_\_
  - White (including Middle Eastern) *Please describe your background* \_\_\_\_\_

## 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 University has found to be valuable in the maintenance of its academic and social standards of life and conduct.

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