



RETURNING UNDERGRADUATE STUDENT FORM

For students who plan to return to the college after a period of 12 months.

Registration and Records

Fax: 440-826-6522

www.bw.edu

*Name (Current)

Identification #

Name When Last enrolled at B-W

Cell Phone #

Home Phone #

*Please note: to update academic records, name changes require photocopy of Social Security Card or valid driver's License with current information.

Complete Address

City

State

Zip

Employer

Employer Address

City

State

Zip

Employer Phone #

Employer Fax #

E-mail Address

1) Term and Year of last attendance at Baldwin-Wallace College: _____

2) What Term and Year would you like to register? (Term) _____ (Year) _____

3) Please indicate:

Day Division

Adult and Continuing Education

Teacher Licensure – Contact Admissions Office

Degree Seeking

Non-Degree Seeking

Certificate Program _____

4) Indicate Major for Degree: _____

5) Other Degrees Earned: _____ From: _____ Year: _____
BA/BS/MAE/MBA College/University Graduation

6) Have you attended any other college or university since your last term at B-W? YES Please contact Admissions for readmission at (440) 826-2222.

College/University

Dates Attended

Student Signature

Date

*If you have any outstanding financial obligations to the College, please contact the Bursar's Office at (440) 826-8567.

Mail or fax completed materials to:

Registrar's Office, 275 Eastland Road, Berea, OH 44017, Telephone (440)826-2126

Fax: 440-826-6522

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Hours Earned: _____ GPA: _____ I/T Grades: _____ Term: _____
Decision: _____ Letter: _____ Division Code: _____
Copy to Division: _____ Date: _____