



Returning Undergraduate Student Form

(for students who plan to return to BW after a 12-month period)



_____ (Student Name) _____ (Student I.D. #)

_____ (Name when last attended BW – if different)* _____ (Email) _____ (Phone)

*Please note: In order to update academic records, name changes require a copy of your Social Security card or Driver's License with current information.

_____ Home Address _____ City _____ State _____ Zip

Last attended BW: Term: _____ Year: _____

What term and year would you like to return to BW: Term: _____ Year: _____

Please indicate: Day Division _____ Adult, Transfer & Military Svc. _____ Teacher Licensure _____
 Degree Seeking _____ Non-Degree Seeking _____ Certificate Program _____

Indicate Major or Minor for Degree: _____

Other degrees earned: _____
 BA / BS / MBA / MAE _____ Institution _____ Year _____

Have you attended any other college or university since your last term at BW: Yes _____ No _____

If yes: _____
 (College/University) _____ (Dates Attended) _____

_____ Student Signature _____ Date _____

*****Email completed form to webregis@bw.edu or mail to address below*****

Do not write below – For OFFICE USE ONLY				
Start Term:	Catalog:	Hours earned:	GPA:	(3.0 minimum)
Last Attended:	I/T:	C:	F:	