



Returning Undergraduate Student Form

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

www.bw.edu

Reg. & Records Fax 440-826-6522



Name (Current)

Student ID# or Identification #

Name When Last Attended BW (if different)

Email Address

Cell Phone

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

Street Address

City

State

Zip

1) When did you last attend Baldwin Wallace University Term: _____ Year: _____

2) What term would you like to register? Term: _____ Year: _____

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

4) Indicate Major and Minor for Degree: _____

5) Other Degrees Earned: _____ From: _____ Institution _____ Year: _____
BA/BS/MBA/MAE

6) Have you attended any other college or university since your last term at BW? YES NO

***Skip 6a if answered "NO" to 6 above.**

6a) _____
Institution Dates Attended

Student Signature

Date

If you have any outstanding financial obligations to the University, contact the Bursars Office at 440-826-2215.

Mail completed materials to: Registrar's Office, 275 Eastland Road, Berea, OH 44017
Telephone 440-826-2126 • Email: webregis@bw.edu

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Hours Earned: _____ GPA: _____ I/T Grades: _____ Term: _____
Decision: _____ Letter: _____ Student Type: _____
Copy to Dept: _____ Date: _____