



# SCHOOL SOCIAL WORK PROGRAM Verification of Eligibility for Enrollment

A cooperative program between Baldwin Wallace University  
and CWRU Mandel School of Applied Social Sciences

**To be completed by the student:**

Legal Name: \_\_\_\_\_  
(PLEASE PRINT) Last First Middle Initial or Maiden

Permanent Mailing Address \_\_\_\_\_  
Number Street

\_\_\_\_\_ City State Zip County

Date of Birth \_\_\_\_\_  Female  Male S.S.No. \_\_\_\_\_ Veteran?  Yes  No

\_\_\_\_\_ (Area Code) Home Phone (Area Code) Cell Phone FAX (Area Code) Number

Email \_\_\_\_\_

Have you previously attended Baldwin Wallace University?  Yes  No If yes, what year(s)? \_\_\_\_\_

When do you plan to first enroll?  Fall Semester \_\_\_\_\_  Spring Semester \_\_\_\_\_  Summer Session \_\_\_\_\_  
Year Year Year

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Applicant Name

**MSASS VERIFICATION OF ELIGIBILITY FOR ENROLLMENT:**

**To be completed by the CWRU Mandel School of Applied Social Sciences (MSASS) Director.**

I certify that the applicant is approved for the School Social Work Program.

PLEASE PRINT \_\_\_\_\_  
Director, Mandel school of Applied Social Sciences

Signed \_\_\_\_\_  
MSASS Director Signature

Date \_\_\_\_\_

**Please return this completed form by mail, email or fax directly to:**

Office of Admission  
BALWIN WALLACE UNIVERSITY  
275 Eastland Road  
Berea, OH 44017-2088

[maed@bw.edu](mailto:maed@bw.edu)

Fax: 440-826-2778