

# BALDWIN WALLACE UNIVERSITY

## Student Conduct Form



This form is **REQUIRED** if you meet the following criteria or when requested by the Admission Committee:

- you are currently enrolled or have been enrolled as a full-time student within the last academic year, *and*
- the college/university attended is a four-year residential campus.

### APPLICANT

Please complete the section below prior to giving it to the Student Affairs official at the institution you last attended.

Applicant's Name: \_\_\_\_\_  
*Last* *First* *Middle or Maiden, if applicable*

Permanent Home Address \_\_\_\_\_  
*Number* *Street* *City* *State* *Zip*

Intended date of entrance:  Fall Semester, 20\_\_\_\_  Spring Semester, 20\_\_\_\_  Summer Semester, 20\_\_\_\_

Previous institutions and dates attended (name of college/university)	Attendance Dates
_____	<b>From:</b> _____ <b>To:</b> _____
_____	<b>From:</b> _____ <b>To:</b> _____
_____	<b>From:</b> _____ <b>To:</b> _____

The bottom of this form must be completed before your application for admission to Baldwin Wallace University as a transfer student will be considered. Your signature below authorizes release of the information requested.

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

### OFFICE OF STUDENT AFFAIRS/JUDICIAL AFFAIRS

The above applicant has applied for admission as a transfer student to Baldwin Wallace University. Would you please complete the section below and return this form to the Office of Admission? If you have additional comments, please feel free to use the reverse side.

### CONFIDENTIALITY

Materials submitted in support of an application for admission to Baldwin Wallace University are reviewed only by members of the Admission Committee and other University staff responsible for admission decisions. Please know that any of the information you may share can be viewed by the applicant should he/she choose to matriculate at Baldwin Wallace University.

Was the student involved in any disciplinary action during enrollment at your institution?  Yes  No

If yes, please describe the charge and the action taken \_\_\_\_\_  
\_\_\_\_\_

Is the student eligible for immediate re-enrollment at your institution?  Yes  No

If no, please explain \_\_\_\_\_

Are there any additional student services that this student may need?  Yes  No

If yes, please explain \_\_\_\_\_

College/University \_\_\_\_\_ Signed \_\_\_\_\_

Phone \_\_\_\_\_ / \_\_\_\_\_ E-mail \_\_\_\_\_

Date \_\_\_\_\_ Position \_\_\_\_\_