

BW RETURNING GRADUATE STUDENT FORM

BALDWIN WALLACE UNIVERSITY www.bw.edu Fax 440-826-6522

Full Name (Current)

Student ID #

Full Name When Last Enrolled at BW

Home Telephone

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 Number

Employer Fax Number

E-mail Address

1) **Term & Year** of last attendance at Baldwin Wallace University: _____

2) What **Term & Year** would you like to register for? (Term) _____ (Year) _____

3a) Please indicate one of the following: Teacher Licensure or Endorsement Renew Teaching License

3b) Select one of the following MAE programs below:

- MAE Degree (Select Specialization):** Reading Ed. Technology School Leadership Mild/Moderate
- Licensure or Endorsement Only (Select Specialization):** Reading Ed. Technology School Leadership Mild/Moderate
- License + Masters (Select Specialization):** Reading Ed. Technology Mild/Moderate

4) Previously earned degree(s) Undergrad or Graduate and Licensures:

4a) Type of Degree(s) _____ Licensure(s): _____
 BA/BS/MBA/MAE

4b) From _____ Year: _____
 College/University Graduation

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

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

6b) _____
 College/University Dates Attended

7) **If you have any outstanding financial obligations to the College, contact the Bursars Office at 440-826-2215.**

Student Signature

Date

Mail completed materials to:
 Registrar's Office, 275 Eastland Road, Berea, OH 44017 Telephone 440-826-2126

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Start Term: _____ Catalog: _____ Hours Earned: _____ GPA: _____ (3.0 minimum)
 Last Attended: _____ I/T: _____ C: _____ F: _____
 Decision: _____ Acknowledgments: _____ Date: _____