



# RETURNING GRADUATE STUDENT FORM

[www.bw.edu](http://www.bw.edu)  
Fax 440-826-6522

Name (Current)

Student I.D.#

Name When Last Enrolled at BW

Home Telephone

**Please note:** in order 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 \_\_\_\_\_

3) Please indicate:

- MBA- Management     
  AMBA- Accounting     
  EMBA- Executive     
  HR MBA- Human Resources  
 Hybrid MBA- Management     
  ENT MBA- Entrepreneurship     
  HC MBA- Health Care     
  SMBA- Sustainability

4a) Previously Earned Degree(s) (Undergrad or Graduate): \_\_\_\_\_ Year \_\_\_\_\_  
BA/BS/MBA/MAE      Graduation

4b) From \_\_\_\_\_  
College/University

5a) Have you attended any other college or university **since your last term** at BW?:  YES  NO

\*Skip 5b if answered "NO" to 5a above.

5b) \_\_\_\_\_  
College/University      Dates Attended

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

Student Signature

Date

Program Director Approval

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: \_\_\_\_\_

9/29/14