



# Application

## Undergraduate Admission

(PLEASE PRINT)

Male  Female

Name \_\_\_\_\_  
Last First Middle Initial

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

Birth Name (if different from above) \_\_\_\_\_

Business Phone (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Number and Street City State Zip Code

Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_

Have you attended Baker College before?  Yes  No If yes, when \_\_\_\_\_

Are you currently employed?  Yes  No E-Mail Address \_\_\_\_\_

Confirm E-Mail Address \_\_\_\_\_

Citizenship U.S.?  Yes  No If no (please specify) \_\_\_\_\_ Visa type \_\_\_\_\_ Birth Country \_\_\_\_\_

I plan to enter: 20\_\_\_\_  Fall (September)  Winter (January)  Spring (March)  Summer (June)

I plan to attend:  Day Classes  Evening Classes

Student Classification: (check one)  Full-Time  Part-Time

Please list the Course/Program you wish to study. (You may change it later.)

I am enrolling in:  Certificate Program  
 Associate's Degree Program \_\_\_\_\_  
Name of Course/Program  
 One Class only

Bachelor's Degree Program  
 2 + 2 Bachelor's Degree Program \_\_\_\_\_  
Name of Bachelor's Degree Major (If Applicable)

Under the Baker College 2 + 2 system, students must complete requirements for an associate's degree before entering the bachelor's degree program. Students enrolling in a bachelor's degree program who have not completed an associate's degree must also list the associate's degree desired (above).

### Background Check Waiver

Have you ever been convicted of a crime?  Yes  No Do you have any criminal charges pending?  Yes  No

I understand that I may be required to undergo and pay for criminal and/or other background checks and drug testing in order to enter and participate in certain programs. I understand that any felony, misdemeanor, or recorded event may prevent me from entering or completing certain programs; entering required clinical, externship, internship, practicum, or student teaching placements; or obtaining future employment, certification, or licensure. I understand and agree that background checks and drug testing reports that are done may be released to affiliated facilities participating with the College as part of my education.

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

<b>Select Campus Location:</b>	<input type="checkbox"/> Allen Park	<input type="checkbox"/> Auburn Hills	<input type="checkbox"/> Baker Online	<input type="checkbox"/> Cadillac	<b>Select Off Campus Location:</b>	<input type="checkbox"/> Coldwater
	<input type="checkbox"/> Cass City	<input type="checkbox"/> Clinton Township	<input type="checkbox"/> Flint	<input type="checkbox"/> Fremont		<input type="checkbox"/> Sandusky
	<input type="checkbox"/> Jackson	<input type="checkbox"/> Muskegon	<input type="checkbox"/> Owosso	<input type="checkbox"/> Port Huron		<input type="checkbox"/> West Branch

Educational background: (List in chronological order all high schools and colleges attended.)

Did you Graduate High School?  Yes  No

<u>Name of High School/GED</u>	<u>Date of Attendance</u>	<u>Month/Year of Graduation</u>
_____	_____	_____
_____	_____	_____

Name of College

\_\_\_\_\_

\_\_\_\_\_

### COLLEGE USE ONLY

App. Fee Paid \$ \_\_\_\_\_ Date \_\_\_\_\_ Quarter \_\_\_\_\_ Receipt No. \_\_\_\_\_ Initials \_\_\_\_\_

Room Dep. Paid \$ \_\_\_\_\_ Date \_\_\_\_\_ Quarter \_\_\_\_\_ Receipt No. \_\_\_\_\_ Initials \_\_\_\_\_

**BE SURE TO COMPLETE AND SIGN THE BACK OF THE APPLICATION**

## FINANCIAL AID INFORMATION

All students wishing to apply for Financial Aid with Baker College should complete the Free Application for Federal Student Aid (FAFSA). These forms are available at Baker College (or apply online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov)).

**Baker College should be listed first under  
"What college(s) do you plan to attend in the next school year".**

Students experiencing difficulty obtaining or completing the form should not hesitate to contact any Baker College Financial Aid or Admissions Office for assistance.

**1. RACE:** Please check ONE box to indicate the race group which you think applies to you best:

- Hispanic     White (except Hispanic)     Black (except Hispanic)  
 Am. Indian, Eskimo, or Aleut (AIEA)     Asian or Pacific Islander (API)

**NOTE:** If you leave this question blank a race will be selected for you to satisfy federal reporting requirements. If you leave this question blank but indicate specific races in question #2, it will be assumed that those races apply to you equally.

**2. Are you MULTIRACIAL?**  Yes     No    If you answer "Yes" please mark all of the races below that apply to you, based on the list in Item 1.

Hispanic     White     Black     AIEA     API    For purposes of this question, you are Multiracial if you have parents from more than one of the broad race categories listed in Item 1 or if at least one of your parents is Multiracial.

## SIGNATURE REQUESTED FROM ALL APPLICANTS

An application fee of \$20.00 is enclosed to process this application. I understand that this fee will not be returned unless this application is not accepted. I give Baker College my permission to obtain a copy of my high school transcript. All information on this form is true to the best of my knowledge.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## RESIDENCE HALL APPLICATION

A \$50.00 room deposit must accompany this application.      Social Security # \_\_\_\_\_

Name \_\_\_\_\_ Telephone # (\_\_\_\_\_) \_\_\_\_\_

Baker College Location:     Flint     Muskegon     Owosso

Quarter of Entrance:     Fall     Winter     Spring     Summer    20\_\_\_\_

I understand I will be required to undergo a criminal background check in order to be admitted into housing. Any applicant who has a conviction resulting from a felony charge, or a pending felony charge, will not be accepted into any Baker College Residence Hall.

Requested Roommates \_\_\_\_\_  
\_\_\_\_\_

Do you object to living with a smoker?     Yes     No

A room deposit of \$50.00 is due when Residence Hall Application is submitted. The deposit will be refunded if notice of cancellation is given in writing according to the following schedule:

Fall Quarter .....prior to September 1      Spring Quarter.....prior to March 1  
Winter Quarter.....prior to December 1      Summer Quarter .....prior to June 1

Deposits and any Residence Hall fees will be forfeited if the student withdraws from a Residence Hall and/or the College during a quarter or is dismissed for disciplinary reasons.

I HEREBY AFFIRM THAT THE ABOVE INFORMATION IS CORRECT AND TRUE. I UNDERSTAND THAT ANY MISREPRESENTATION OF THIS INFORMATION WILL BE CAUSE FOR IMMEDIATE DISCIPLINARY ACTION WHICH MAY INCLUDE EXPULSION FROM RESIDENCE HALL AND/OR THE COLLEGE.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(If student is under 18 years of age)