



RE-ENTRY / CAMPUS TRANSFER APPLICATION

GENERAL INFORMATION (PLEASE PRINT)			
LAST NAME	FIRST NAME	MIDDLE INITIAL	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DATE OF BIRTH (MM/DD/YY)	LIST OTHER NAMES		
HOME PHONE (WITH AREA CODE)	WORK PHONE (WITH AREA CODE)	CELL PHONE (WITH AREA CODE)	<input type="checkbox"/> YES. Baker College has my permission to text me at this number.
PERMANENT ADDRESS			
CITY	STATE	ZIP	COUNTY
SOCIAL SECURITY NUMBER	STUDENT UIN	E-MAIL	

CITIZENSHIP / ETHNIC / RACIAL GROUP (PLEASE PRINT)			
1. ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES (IF YES, GO TO QUESTION 3) <input type="checkbox"/> NO (IF NO, GO TO QUESTION 2)	2. PLEASE SPECIFY COUNTRY OF CITIZENSHIP	VISA TYPE	BIRTH COUNTRY
ARE YOU A NON-RESIDENT ALIEN? <input type="checkbox"/> YES (IF YES, GO TO ENROLLMENT INFORMATION) <input type="checkbox"/> NO (IF NO, GO TO QUESTION 3)			
NOTE: IN COMPLIANCE WITH FEDERAL REPORTING REQUIREMENTS, BAKER COLLEGE MUST SEEK TO IDENTIFY THE ETHNIC/RACIAL BACKGROUND OF APPLICANTS FOR ADMISSION. YOU ARE ENCOURAGED TO SUPPLY THIS INFORMATION BUT MAY DECLINE WITHOUT IN ANY WAY PREJUDICING YOUR APPLICATION.			
3. PLEASE CHECK ONE BOX TO INDICATE THE RACE GROUP WHICH YOU THINK BEST APPLIES TO YOU. (REQUIRED)			
<input type="checkbox"/> HISPANICS OF ANY RACE			
FOR NON-HISPANICS ONLY			
<input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE	<input type="checkbox"/> ASIAN	<input type="checkbox"/> BLACK OR AFRICAN AMERICAN	
<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	<input type="checkbox"/> WHITE	<input type="checkbox"/> TWO OR MORE RACES	
<input type="checkbox"/> I DECLINE TO ANSWER NOTE: IF YOU CHECK THIS BOX, A RACE WILL BE SELECTED FOR YOU TO SATISFY FEDERAL REPORTING REQUIREMENTS.			

ENROLLMENT INFORMATION (PLEASE PRINT)	
WHEN DID YOU LAST ATTEND BAKER COLLEGE? (PLEASE SPECIFY)	CAMPUS ATTENDED
I PLAN TO ENTER (PLEASE PRINT THE YEAR) 20 _____	<input type="checkbox"/> FALL (SEPTEMBER) <input type="checkbox"/> WINTER (JANUARY) <input type="checkbox"/> SPRING (APRIL) <input type="checkbox"/> SUMMER (JUNE)
I PLAN TO ATTEND <input type="checkbox"/> DAY CLASSES <input type="checkbox"/> EVENING CLASSES <input type="checkbox"/> ONLINE CLASSES <input type="checkbox"/> ONLINE/GROUND CLASSES	STUDENT CLASSIFICATION (CHECK ONE) <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
I AM ENROLLING IN <input type="checkbox"/> ONE CLASS ONLY <input type="checkbox"/> CERTIFICATE PROGRAM <input type="checkbox"/> ASSOCIATE DEGREE <input type="checkbox"/> BACHELOR DEGREE <input type="checkbox"/> BACHELOR / 5-YEAR MBA <input type="checkbox"/> POSTBACCALAUREATE CERTIFICATE	
PROGRAM OF INTEREST / MAJOR	

MILITARY INFORMATION	
ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF THE ARMED SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DO YOU PLAN ON USING ANY FORM OF MILITARY EDUCATIONAL BENEFITS TO HELP FUND YOUR EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
BAKER COLLEGE IS A PARTICIPANT IN THE YELLOW RIBBON PROGRAM.	

2015/2016

BE SURE TO COMPLETE AND SIGN THE BACK OF THIS APPLICATION ➔



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EDUCATIONAL BACKGROUND (PLEASE PRINT)			
DID YOU GRADUATE FROM AN ACCREDITED HIGH SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU HAVE AN ACCREDITED GED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DID YOU RECEIVE A HIGH SCHOOL DIPLOMA OR A CERTIFICATE OF COMPLETION? <input type="checkbox"/> DIPLOMA <input type="checkbox"/> CERTIFICATE			
NAME OF HIGH SCHOOL / GED	STATE	DATE OF ATTENDANCE	MONTH / YEAR OF GRADUATION
_____	_____	_____	_____
_____	_____	_____	_____
NAME OF COLLEGE(S)	STATE	DATE OF ATTENDANCE	MONTH / YEAR OF GRADUATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BACKGROUND CHECK WAIVER (MUST BE COMPLETED)	
HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE ANY CRIMINAL CHARGES PENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, IN WHICH STATE WERE YOU CONVICTED? _____
<p>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, degrees, or certificates; 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.</p>	

FINANCIAL AID INFORMATION
<p>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).</p>
<p>Baker College should be listed first under "What college(s) do you plan to attend in the next school year?"</p>
<p>Students experiencing difficulty obtaining or completing the form should not hesitate to contact any Baker College Financial Aid or Admissions office for assistance.</p>

APPLICANT SIGNATURE				
<p>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 DISMISSAL FROM THE RESIDENCE HALL AND/OR EXPULSION FROM THE COLLEGE.</p>				
<table border="1"> <tr> <td>STUDENT SIGNATURE</td> <td>DATE</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	STUDENT SIGNATURE	DATE	_____	_____
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2015/2016