



UNDERGRADUATE ADMISSION 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)	SOCIAL SECURITY NUMBER		E-MAIL		
BIRTH NAME (IF DIFFERENT FROM ABOVE)					
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	
ALTERNATE MAILING ADDRESS (REQUIRED FOR STUDENTS WITH P.O. BOXES ONLY)					
CITY		STATE	ZIP	COUNTY	

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"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	<input type="checkbox"/> BLACK OR AFRICAN AMERICAN
		<input type="checkbox"/> WHITE	<input type="checkbox"/> TWO OR MORE RACES
<input type="checkbox"/> I DECLINE TO ANSWER			

Enrollment Information (PLEASE PRINT)

SELECT CAMPUS LOCATION	<input type="checkbox"/> ALLEN PARK	<input type="checkbox"/> AUTO/DIESEL INSTITUTE	<input type="checkbox"/> CADILLAC	<input type="checkbox"/> CLINTON TOWNSHIP	<input type="checkbox"/> CULINARY INSTITUTE PORT HURON	<input type="checkbox"/> JACKSON	<input type="checkbox"/> OWOSSO
	<input type="checkbox"/> AUBURN HILLS	<input type="checkbox"/> BAKER ONLINE	<input type="checkbox"/> CASS CITY	<input type="checkbox"/> CULINARY INSTITUTE MUSKEGON	<input type="checkbox"/> FLINT	<input type="checkbox"/> MUSKEGON	<input type="checkbox"/> PORT HURON
SELECT EXTENSION SITE LOCATION	<input type="checkbox"/> COLDWATER	<input type="checkbox"/> FREMONT					
HAVE YOU ATTENDED BAKER COLLEGE BEFORE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, WHEN? (PLEASE SPECIFY)				
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	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						
PROGRAM OF INTEREST / MAJOR							
DO YOU PLAN ON LIVING IN BAKER COLLEGE HOUSING?	<input type="checkbox"/> YES (IF YES, A RESIDENCE HALL APPLICATION MUST BE COMPLETED)			<input type="checkbox"/> NO			
HOUSING IS AVAILABLE AT THE FOLLOWING CAMPUS LOCATIONS: AUTO/DIESEL INSTITUTE, CULINARY INSTITUTE-MUSKEGON, FLINT, MUSKEGON, AND OWOSSO							
DO YOU CURRENTLY HAVE HEALTH INSURANCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF NO, ARE YOU INTERESTED IN OBTAINING STUDENT HEALTH INSURANCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	INTERNATIONAL STUDENTS ARE REQUIRED TO HAVE A HEALTH INSURANCE POLICY.	

BE SURE TO COMPLETE AND SIGN THE BACK OF THIS APPLICATION





UNDERGRADUATE ADMISSION APPLICATION

Educational Background (PLEASE PRINT)

DID YOU GRADUATE FROM AN ACCREDITED HIGH SCHOOL? YES NO

DO YOU HAVE AN ACCREDITED GED? YES NO

DID YOU RECEIVE A HIGH SCHOOL DIPLOMA OR A CERTIFICATE OF COMPLETION? DIPLOMA 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Military Information

ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF THE ARMED SERVICES? YES NO

IF YES, DO YOU PLAN ON USING ANY FORM OF MILITARY EDUCATIONAL BENEFITS TO HELP FUND YOUR EDUCATION? YES NO

Baker College is a participant in the Yellow Ribbon program.

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).

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.

Background Check Waiver (Must Be Completed)

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

DO YOU HAVE ANY CRIMINAL CHARGES PENDING? YES NO

IF YES, IN WHICH STATE WERE YOU CONVICTED? _____

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.

Parent and/or Legal Guardian (FOR DEPENDENT STUDENTS, PLEASE PRINT)

LAST NAME	FIRST NAME	RELATIONSHIP TO APPLICANT
ADDRESS (IF DIFFERENT FROM YOUR OWN)		
CITY	STATE	ZIP
E-MAIL ADDRESS	TELEPHONE NUMBER (WITH AREA CODE)	

Applicant Signature

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. 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 the college.

STUDENT SIGNATURE	DATE
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College Use Only

APPLICATION FEE PAID \$ _____ DATE _____ QUARTER _____ RECEIPT NO. _____ INITIALS _____



RESIDENCE HALL 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)	SOCIAL SECURITY NUMBER		E-MAIL		
BIRTH NAME (IF DIFFERENT FROM ABOVE)					
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	
ALTERNATE MAILING ADDRESS (REQUIRED FOR STUDENTS WITH P.O. BOXES ONLY)					
CITY		STATE	ZIP	COUNTY	

Enrollment Information (PLEASE PRINT)

HAVE YOU ATTENDED BAKER COLLEGE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN? (PLEASE SPECIFY)
BAKER COLLEGE CAMPUS LOCATION <input type="checkbox"/> AUTO/DIESEL INSTITUTE OF MICHIGAN <input type="checkbox"/> CULINARY INSTITUTE OF MICHIGAN, MUSKEGON <input type="checkbox"/> FLINT <input type="checkbox"/> MUSKEGON <input type="checkbox"/> OWOSSO		
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)	
ROOMMATE (FIRST CHOICE)	ROOMMATE (SECOND CHOICE)	ROOMMATE (THIRD CHOICE)

Background Check Waiver

HAVE YOU EVER BEEN CONVICTED OF A CRIME? <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? _____	
I understand that 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 and/or a Criminal Sexual Conduct (CSC), or has a pending charge, WILL NOT BE ACCEPTED into any Baker College Residence Hall.	

Room Deposit Information

A room deposit of \$50.00 is due when the Residence Hall Application is submitted. The deposit will be refunded after all Residence Hall charges have been taken out at the end of the academic year or 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 room fees will be forfeited if the student withdraws from housing and/or the College during a quarter or is dismissed for disciplinary reasons.

Applicant Signature

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.

STUDENT SIGNATURE	DATE
PARENT/GUARDIAN SIGNATURE (IF STUDENT IS UNDER 18 YEARS OF AGE)	DATE

College Use Only

APPLICATION FEE PAID \$ _____ DATE _____ QUARTER _____ RECEIPT NO. _____ INITIALS _____