

UNDERGRADUATE ADMISSION

GENERAL INFORMATION (PL	EASE PRINT)					
LAST NAME		FIRST NAME		MIDDLE INITIAL	MALE 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)		☐ 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		
		l				
CITIZENSHIP / ETHNIC / RAC	IAL GROUP (PLE	EASE PRINT)				
1. ARE YOU A U.S. CITIZEN? YES (IF YES, GO TO QUESTION 3)		2. PLEASE SPECIFY COUNTRY OF CITIZENSHIP.			BIRTH COUNTRY	
NO (IF NO, GO TO QUESTION 2)		ARE YOU A NON-RESIDENT ALIEN?				
	YES (I	IF YES, GO TO ENROLLMENT INFORM	ATION) NO (IF NO,	GO TO QUESTION 3)		
NOTE: IN COMPLIANCE WITH FEDERAL REP ADMISSION. YOU ARE ENCOURAGED TO SUI					OF APPLICANTS FOR	
3. PLEASE CHECK ONE BOX TO INDICATE THE RAC	CE GROUP WHICH YOU THINK	BEST APPLIES TO YOU. (Requir	ed)			
HISPANIO	CS OF ANY RACE					
FOR NON-HISPANICS ONLY AMERICAN INDIAN OR ALASKA NATIVE ASIAN BLACK OR AFRICAN AMERICAN NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER WHITE TWO OR MORE RACES						
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)					
I CAMPUS — ' —	R ONLINE CLINTON TOWN	NSHIP, MI	INT, MI OWOSS	SO, MI SELECT		
LOCATION AUBURN HILLS, MI CADIL	, <u> </u>		CKSON, MI PORTH JSKEGON, MI READIN	URON, MI SITE LO IG, PA	CATION FREMONT, MI	
HAVE YOU ATTENDED BAKER COLLEGE BEFORE?	YES	IF YES, WHEN? (PLEASE SPECIFY)				
L DI AN TO ENTED	∐ NO					
I PLAN TO ENTER (PLEASE PRINT THE YEAR) 20 FALL (SEPTEMBER 2016) WINTER (JANUARY 2017) SPRING (APRIL 2017) SUMMER (JUNE 2017) FALL (AUGUST 2017)						
I PLAN TO ATTEND DAY CLASSES EVENING CLASSES STUDENT CLASSIFICATION (CHECK ONE) FULL-TIME PART-TIME						
I AM ENROLLING IN ONE CLASS ONLY	CERTIFICATE PROGRA	M ASSOCIATE DEGREE	BACHELOR DEGR	REE BACHE	ELOR / 5-YEAR MBA	
PROGRAM OF INTEREST / MAJOR						
BAKER COLLEGE HOUSING?	YES (IF YES, A RESIDENCE HALL	APPLICATION MUST BE COMPLETED	CAMPUS LOC CULINARY IN:	AVAILABLE AT THE FO CATIONS: AUTO/DIESE STITUTE-MUSKEGON, DWOSSO, AND CILLINA	L INSTITUTE,	

NOTICE OF AVAILABILITY OF THE ANNUAL SECURITY AND FIRE SAFETY REPORT. Baker College is committed to assisting all members of the community in providing for their own safety and security. Baker College Annual Security Report (or the Annual Security and Fire Safety Report) are available to anyone via each campus' Campus Safety page. This report for each campus is required by federal law. The report contains crime statistics, information regarding campus security and personal safety including topics such as: crime prevention, publics afety authority, crime reporting policies, disciplinary process and other matters of importance related to security on campus. The Fire Safety Reports contain information about fire safety policies and fire statistics in BCM Residential Facilities. This report is available online at http://www.baker.edu/student-services/campus-safety/#annual-security-report. You may also request a paper copy from each Campus Safety office.



EDUCATIONAL BACKGROUND (PLEASE PRINT)							
DID YOU GRADUATE FROM AN ACCREDITED HIGH SCHOOL?	YES NO	DO YOU H	AVE AN ACCREDITED GED? YES [NO			
DID YOU RECEIVE A HIGH SCHOOL DIPLOMA OR A CERTIFICATE OF COMPLETION? DIPLOMA CERTIFICATE Note: Beginning Fall of 2017, students will be required to submit an official final transcript of high school graduation (or GED completion). Students who do not provide this documentation will not be allowed to register for a second semester.							
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?		IF YES, DO YOU PLAN ON USING ANY FORM OF MILITARY EDUCATIONAL BENEFITS TO HELP FUND YOUR EDUCATION? Cipant in the Yellow Ribbon program.					
Baker Co	bilege is a participal	it in the fei	now Ribbon program.				
FINANCIAL AID INFORMATION							
All students wishing to apply for Financial Aid wi These forms are available at Baker College (or a				eral Student Aid (FAFSA).			
Baker College should be listed first under "li	ndicate which colle	eges you w	ant to receive your FAFSA infor	mation."			
Students experiencing difficulty obtaining or completing the form should not hesitate to contact any Baker College Financial Services or Admissions office for assistance.							
BACKGROUND CHECK WAIVER (MUS	ST BE COMPLETE	ED)					
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 DEPENDEN	IT STUDEI	NTS, PLEASE PRINT)				
LAST NAME	FIRST NAME			RELATIONSHIP TO APPLICANT			
ADDRESS (IF DIFFERENT FROM YOUR OWN)	WANE			TO ALL LIOANT			
CITY			STATE	ZIP			
E-MAIL ADDRESS			TELEPHONE NUMBER (WITH AREA CODE)				
APPLICANT SIGNATURE							
An application fee of \$30.00 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				
COLLEGE USE ONLY APPLICATION FEE PAID \$ DATE	QUAF	RTER	RECEIPT NO	INITIALS			



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HOME PHONE (WITH AREA CODE)	WORK PHONE (WITH AREA CODE)		CELL PHONE (WITH AREA CODE) CELL PHONE (WITH AREA CODE) Permission to text me:				
PERMANENT ADDRESS							
CITY		STATE	ZIP	COUNTY			
ALTERNATE MAILING ADDRESS (REQUIRED FOR STUDENTS WITH P.O. BOXES ONLY)		-					
CITY		STATE	ZIP	COUNTY			
ENROLLMENT INFORMATIO	N (PLEASE PRINT)						
HAVE YOU ATTENDED BAKER COLLEGE BEFORE?	HAVE YOU ATTENDED BAKER COLLEGE BEFORE? YES NO IF YES, WHEN? (PLEASE SPECIFY)						
BAKER COLLEGE CAMPUS LOCATION AUTO/DIESEL INSTITUTE OF MICHIGAN CULINARY INSTITUTE OF MICHIGAN, MUSKEGON CADILLAC FLINT MUSKEGON OWOSSO							
I PLAN TO ENTER (PLEASE PRINT THE YEAR) PALL (SEPTEMBER 2016) WINTER (JANUARY 2017) SPRING (APRIL 2017) SUMMER (JUNE 2017) FALL (AUGUST 2017)							
ROOMMATE (FIRST CHOICE)	ROOMMATE (SECOND CHOIC	CE)	ROOMMAT (THIRD CHO				
BACKGROUND CHECK WAI	VER						
HAVE YOU EVER BEEN CONVICTED OF A CRIME?	YES NO	DO YOU HAVE ANY CRIMI	NAL CHARGES PENDING?	YES 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.							
HOUSING PRE-PAYMENT IN	FORMATION						
A non-refundable housing pre-payment of \$50.00 is due when the Residence Hall Application is submitted. I understand that this fee will not be returned unless the application is not accepted. Housing pre-payments 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							
PRE-PAYMENT FEE PAID \$	DATE	QUARTER	RECEIPT NO	INITIALS			

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