



BAKER UNIVERSITY ENROLLMENT FORM

Legal Name: _____
Last First Middle Maiden or Other

Address: _____
Street City State Zip

Phone Numbers: (____) _____ (____) _____
Home Work or other

Email address: _____

SSN: _____

Employer _____ Title _____

Birth date: _____ Check one: Male Female

Ethnicity – Check one:

- African American American Indian/Alaskan Native Asian/Pacific Islander
- Hispanic Caucasian

U.S. Citizen: Yes No* If no, what is country of citizenship? _____

*If no, please attach a copy of your visa.

Educational Background

High school graduate or GED? Yes No*

Name of high school: _____

** If you do not have a high school diploma or GED, we cannot document credit for courses.*

Undergraduate Study (Please list all postsecondary institutions attended and degrees earned.)

Name of Institution	Location	Dates Attended	Degree	Credit Hours

Continued on Reverse Side

