



SCHOOL OF PROFESSIONAL AND GRADUATE STUDIES

7301 College Blvd. Ste. 120, Overland Park, KS 66210
 913-491-4432 • fax 913-491-0470 • www.bakerU.edu

BAKER UNIVERSITY ENROLLMENT FORM
Blue Cross Blue Shield

Legal Name: _____
Last First Middle Maiden or Other

Address: _____
Street City State Zip

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

Email address: _____

SSN: _____ **IF YOU OPT OUT OF PROVIDING YOUR SSN, YOU MUST HAVE THE "SSN OPT OUT" FORM COMPLETED, SIGNED AND SENT WITH THIS ENROLLMENT**

Employer _____ Title _____

Birth date: _____ Check one: Male Female

Ethnicity – The University is required, under federal law, to collect the following information about students. This information is used solely for reporting requirements and is not used to make admission decisions by the University.

Are you Hispanic/Latino? Please check Yes No

Please indicate your race(s). Circle as many as apply from the following categories:

- 1. American Indian or Alaska Native 2. Asian 3. Black or African American
- 4. Native Hawaiian or Pacific Islander 5. White

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



Course Enrollment List the course(s) to be enrolled:

Course #	Course Title	Beginning Date	Ending Date	Tuition (\$50.00 per credit)

Payment Information

Method of Payment:

Check enclosed in the amount of: _____

MasterCard/VISA/Discover Card number: _____

Expiration Date: _____ Amount: _____

Signature _____ Date _____

Please return this form, filled out in completion to your Blue Cross Blue Shield liaison.

If you have questions about the credit documentation process, please feel free to contact Baker University SPGS at (913) 491-4432 or email: priorlearn@bakeru.edu

(Office Use Only)

Date Received: _____ Credits Verified: _____
Date Initials

Payment Processed: _____
Date Initials

Credits Documented by Academic Records: _____
Date Initials
