



1858

BAKER UNIVERSITY

SCHOOL OF PROFESSIONAL AND GRADUATE STUDIES

8001 College, Suite 100, Overland Park, KS 66210
913-491-4432 • fax 913-491-0470

REGISTRATION 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: 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 not, what type visa? Work Student * Please submit copy of visa with number and expiration date.

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



Course Enrollment List the course(s) completed or in progress:

Course #	Course Title	Beginning Date	Ending Date	Tuition

Payment Information: \$100.00 per credit hour

Please make checks payable to Baker University

Method of Payment:

- Check enclosed in the amount of:
- Employer Tuition Assistance/Reimbursement
- MasterCard/VISA/Discover Card number:

Expiration Date: _____ Amount: _____

Signature: _____ **Date:** _____

Please fax this form to (913) 491-0470. If you have questions about this form, please feel free to contact Baker University at (913) 491-4432 or email: collegecredit@bakeru.edu.

PLA Center (Office Use Only)

Date Received: _____ **Credits Verified:** _____

Payment Processed: _____ **Date:** _____

Credits Documented by Academic Records: _____