



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: _____ **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

