Baker University’s Professional and Graduate Programs

School of Professional and Graduate Studies

Application Packet
Application Procedures:

In order to be considered for admission to Baker University, you must complete each of the following steps:

This form must be completed and returned with a $45 non-refundable application fee.

If you are applying for student loans or grants, complete the application for Financial Assistance by going online to www.bakerU.edu/admissions and following the Financial Aid links for working adults.

**Graduate Students:** An official transcript indicating a bachelor's degree conferred from a regionally accredited institution of higher education is required.

**Undergraduate Students:** Official transcripts from all regionally accredited institutions of higher education previously attended are required. The combined GPA must be greater than 2.0 and “D” grades do not transfer. Applicants with fewer than 12 hours of transferable college credit will require an official high school transcript or GED score report. The high school GPA must be greater than 2.3. The GED minimum score must be 450 or the equivalent of a “C” grade. To be eligible for a major degree program, a minimum of 36 transferable credit hours including 3 credit hours in English Composition 1 or an equivalent course with a grade of “C” or better is required.

Please complete the Request for Official Transcript form(s) for ALL regionally accredited schools attended and return with your completed application. If additional forms are needed, please contact our office.

**Work Experience**

**Graduate Students:** Two years of full-time work experience is required for admission to the graduate programs.

**Undergraduate Students:** One year of full-time work experience is required for admission to the undergraduate programs.

Please document your work history in detail on the back of the application form.

**Recommendation Forms**

Two Recommendation Forms from individuals familiar with the applicant’s professional work experience are required. Please have the Recommendation Forms included in the application packet completed by the persons you selected and returned to our office.

When your file is complete, your documents will be evaluated and you will be notified in writing of your admission status.

If you have any questions, please contact your program representative.
Application for Admission

Applying for:

☐ Associate of Arts in Business
☐ Online Associate of Arts in Business

Majors:
☐ Bachelor of Business Administration
☐ Online Bachelor of Business Administration
☐ Bachelor of Science in Management
☐ Online Bachelor of Arts in Business Leadership

Graduate:
☐ Master of Business Administration
☐ Online Master of Business Administration
☐ Master of Science in Management
☐ Master of Arts in Conflict Management and Dispute Resolution

Legal Name __________________________________________

Mailing Address __________________________________________

Home Phone _________________________ Work Phone _________________________

Social Security # ______________________ Date of Birth _________________________

Current E-mail Address __________________________________________

☐ Male  ☐ Female  Marital Status: ☐ Married  ☐ Single

U.S. Citizen: ☐ Yes  ☐ No  If not, what country of citizenship? ______________________

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

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:


Military Information:

Current Military Status ___________ Rank ________________ Base _____________________

What branch of the military? ______________________________________________________

Educational Background:

High school graduate or GED? ☐ Yes  ☐ No

Name of high school ___________________________ Year Graduated ___________

When do you wish to begin classes? Month / Day of the week _____________________

Which location do you prefer? _____________________________________________________

Will you be applying for ☐ Veteran’s benefits? ☐ Financial Aid? If yes, what amount or percentage? ______

List postsecondary institutions attended and degrees earned:

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www.bakerU.edu
Application for Admission

Professional Experience/Employment:

Baker University requires evidence of one year full-time work experience (two years for graduate students). Please provide this history beginning with current employer. You will be contacted if additional information is needed. If needed, attach a resume for consideration or additional supporting materials.

Current Employer: __________________________________________

Address: Street ___________________________ City ___________________________ State ______ Zip ______

Position Held: ___________________________ Full-time: ______ Part-time: ______ Dates: ___________________________

Job Description / Responsibilities: ____________________________________________________________

Previous Employer: __________________________________________

Address: Street ___________________________ City ___________________________ State ______ Zip ______

Position Held: ___________________________ Full-time: ______ Part-time: ______ Dates: ___________________________

Job Description / Responsibilities: ____________________________________________________________

Previous Employer: __________________________________________

Address: Street ___________________________ City ___________________________ State ______ Zip ______

Position Held: ___________________________ Full-time: ______ Part-time: ______ Dates: ___________________________

Job Description / Responsibilities: ____________________________________________________________

An application fee of $45 should accompany this application. This fee covers the evaluation of your transcripts and documents.

☐ My signature confirms a commitment to securing my own internet service provider and monitoring my Baker University email account on a regular basis. I also accept responsibility for complying with all academic requirements communicated to me via my Baker University email account.

☐ I verify that all the information provided is true and complete to the best of my knowledge. I understand that false information will jeopardize my admission to Baker University.

Signature: ___________________________ Date: ___________________________

It is the policy of Baker University to provide equal opportunity for all qualified persons in the educational programs and activities of the University. In full and affirmative compliance with the laws of the United States and the state of Kansas, the University does not discriminate on the basis of race, creed, color, national origin, age, handicap, sex, or sexual orientation. The University complies with Title IX of the Education Amendments of 1972, the regulations in Titles VI and VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975. This policy extends to all aspects of the University’s operations, including admissions and employment. Baker University reserves the right to change the tuition & fee schedule and academic content at any time.
Request for Official Transcript

Student’s Name _____________________________________________________________

Address  ________________________________________________________________________

Name of Institution  _____________________________________________________

Address  ________________________________________________________________________

Date of Enrollment ________________________________________________________________

Social Security Number ______________________________________ Date of Birth ____________

One official copy requested. Student will allow materials to be faxed if needed ________

Mail Transcript to:  Baker University
Attn:  Admissions Dept.
8001 College Blvd., Suite 100
Overland Park, KS 66210
913.491.4432

Student Signature                                                       Date
Request for Official Transcript

Request for Official Transcript
Recommendation Form

Part I - Information: To be completed by applicant
(Please type or print)

A. Name________________________________________________________

Social Security Number (Last four digits) ____________________________

B. Name of company______________________________________________

Address _________________________________________________________

C. Your position at above company____________________________________

How long have you been in this position? ______________________________

D. Name of person giving recommendation ____________________________

Position or Title _____________________________________________________

Name of Company __________________________________________________

Address __________________________________________________________

________________________________________________________________

I agree this form should be held in strict confidence and waive my right to review the comments made by the person providing the recommendation.

_______________________________________________________________
Student Signature

_______________________________________________________________
Date
Part II - Recommendation: To be completed by work related reference (not a relative). All questions need to be addressed.

A. To the best of your knowledge, are the answers given in Part I, B & C accurate? _________
   If not, please explain.
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

B. How long have you known the applicant? _____________________________________
   In what capacity? ______________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

C. Describe the business/management skills the applicant has acquired as a result of
   his/her work experience.  ______________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

D. This program requires initiative, and the ability to work alone and in a group.
   Describe why you think the applicant is capable of maintaining quality
   performance standards in an intensive learning environment.
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

E. Add any comments you feel are appropriate. ________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

_________________________________________  _____________________________
Signature                                      Date

_______________________________  _____________________________
Address                                  Phone
Recommendation Form

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E. Add any comments you feel are appropriate. __________________________________
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_________________________  ____________________________
Signature                   Date

_________________________  ____________________________
Address                    Phone