



SCHOOL SOCIAL WORK PROGRAM Verification of Eligibility for Enrollment

A cooperative program between Baldwin Wallace University
and CWRU Mandel School of Applied Social Sciences

To be completed by the student:

Legal Name: _____
(PLEASE PRINT) Last First Middle Initial or Maiden

Permanent Mailing Address _____
Number Street

_____ City State Zip County

Date of Birth _____ Female Male Veteran? Yes No

_____ (Area Code) Home Phone _____ (Area Code) Cell Phone

Email _____

Have you previously attended Baldwin Wallace University? Yes No If yes, what year(s)? _____

When do you plan to first enroll? Fall Semester _____ Spring Semester _____ Summer Session _____
Year Year Year

Signed _____ Date _____
Applicant Name

MSASS VERIFICATION OF ELIGIBILITY FOR ENROLLMENT:

To be completed by the CWRU Mandel School of Applied Social Sciences (MSASS) Director.

I certify that the applicant is approved for the School Social Work Program.

PLEASE PRINT Marjorie N. Edguer, PhD, LISW-S
Director, Mandel school of Applied Social Sciences

Signed _____
MSASS Director Signature

Date _____

Please return this completed form by mail or email directly to:

Office of Admission graduate@bw.edu
BALDWIN WALLACE UNIVERSITY
275 Eastland Road
Berea, OH 44017-2088