



2016-17 Enrollment Worksheet for Independent Students

(for enrollment during Summer 2016, Fall 2016, and/or Spring 2017)

a. NAME: Last: _____ First: _____ M.I.: _____ Former (i.e. maiden): _____

b. BW Student ID: _____ c. Phone #: _____ d. Email Address: _____

e. GRADUATION: Expected Month: _____ Expected Year: _____ This is not the date you "walk" through the ceremony. This date should be when you will complete graduation requirements.

f. Yes, I will receive tuition assistance from my employer. No, I Do Not receive tuition assistance from my employer.
If yes, how much per semester? Summer 2016 \$ _____ Fall 2016 \$ _____ Spring 2017 \$ _____

g. Do you qualify for a BW tuition discount from these employers? Cleveland Clinic Cleveland Browns

h. In which program are you enrolled? (choose one of the following):

Undergraduate programs:

Post-Baccalaureate undergraduate programs:

- NEW first-year student, degree-seeking
 - NEW Transfer student, degree-seeking
 - RETURNING student, degree-seeking
 - Undergrad student, non-degree-seeking
 - Teaching License only
 - Pre-Requisite courses for degree program
 - Music Therapy Equivalency
 - Certificate program (non-degree seeking)
 - 2nd Bachelor's degree - check applicable box below
 - My first Bachelor's Degree is from BW.
 - Bachelor of Science in Nursing (ABSN)
 - When will/did you start the program?* _____
- Private education loan only for music therapy and certificate programs.

Graduate programs:

- MA in Education, LHE (Leadership in Higher Education)
- MA in Education, K-12 Educators OR License + Master's
- K-12 Educators, are you part of a Cohort/School partnership discounted tuition program? If so, please check this box.
- Executive MBA
- 1 year MBA
- MBA (Analytics, Management, Int'l Management, Entrepreneurship, Sustainability, Accounting, HR)
- MBA HYBRID
- Healthcare MBA - Berea
- Healthcare MBA - Corporate College
- MS in Speech/Lang Pathology 1st yr
- MS in Speech/Lang Pathology 2nd yr
- MMS in Physicians Assistant 1st yr
- MMS in Physicians Assistant 2nd yr

Your eligibility for financial aid is determined by your academic program, number of semesters of attendance, and the number and type of credits you take at BW. Provide information for all semesters you expect to be enrolled. Estimate if you are unsure, as your financial aid award will be based on what you report below (i.e. If you only list Fall enrollment, you will receive a financial aid award that includes financial aid for Fall only.) List BW enrollment ONLY!* You must be enrolled at least half-time for most forms of financial aid. Half-time is 6 undergraduate credits/3 graduate credits.

Summer 2016: <input type="checkbox"/> Check this box if you will NOT take classes in Summer 2016. undergrad credits: _____ BW Career Services Internship credits: _____ graduate credits: _____ Total Summer 2016 credits: _____	Fall 2016: <input type="checkbox"/> Check this box if you will NOT take classes in Fall 2016. undergrad DAY credits: _____ undergrad EVE/WKD credits: _____ graduate credits: _____ Total Fall 2016 credits: _____	Spring 2017: <input type="checkbox"/> Check this box if you will NOT take classes in Spring 2017. undergrad DAY credits: _____ undergrad EVE/WKD credits: _____ graduate credits: _____ Total Spring 2017 credits: _____
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*ATTENTION CURRENT BW UNDERGRADUATE, DEGREE-SEEKING STUDENTS: If you take classes at another institution and intend to transfer those credits to BW, you are considered a TRANSIENT student. Please refer to the Transient Student Information here: www.bw.edu/Assets/financial-aid/forms/. Form #13.

I declare, understand, and acknowledge the following:

- a) all information presented on this document is factually correct and honestly presented;
- b) if my actual enrollment differs from what is declared on this document, my financial aid eligibility may change; and
- c) if my actual enrollment plans vary from what is declared on this document, I will notify the Financial Aid Office as soon as possible.

Type or sign name: _____ Date: _____