



## 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](mailto:graduate@bw.edu)  
BALDWIN WALLACE UNIVERSITY  
275 Eastland Road  
Berea, OH 44017-2088