BAKER UNIVERSITY
1858

SCHOOL OF PROFESSIONAL AND GRADUATE STUDIES

8001 College, Suite 100, Overland Park, KS 66210
913-491-4432 ● fax 913-491-0470 ● www.smartermind.com

NEW HORIZONS COMPUTER LEARNING COURSES -- ENROLLMENT FORM

Legal Name: _____
Last First Middle Maiden or Other

Address: _____
Street City State Zip

Phone Numbers: (____)_____ (_____)_____
Home Work or other

Email address: _____

SSN: _____

Employer _____ Title _____

Birth date: _____ Check one: ☐ Male ☐ Female

Ethnicity – Check one:

☐ African American ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander

☐ Hispanic ☐ Caucasian

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 New Horizon Computer courses.*

Undergraduate Study (Please list all postsecondary institutions attended and degrees earned.)

Name of Institution	Location	Dates Attended	Degree	Credit Hours

Continued on Reverse Side

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New Horizons Course Enrollment List the course(s) to be enrolled:

Course #	Course Title	Beginning Date	Ending Date	Tuition

Payment Information

Method of Payment:

☐ Check enclosed in the amount of: _____

☐ Military Tuition Assistance

☐ Employer Tuition Reimbursement

☐ Direct Bill to New Horizons

☐ MasterCard/VISA/Discover Card number: _____

Expiration Date: _____ Amount: _____

Signature_____ Date_____

Please fax this form to 913-491-0470. If you have questions about the credit documentation process, please feel free to contact the Baker University SPGS Prior Learning Assessment Center at (913) 491-4432 or email: agonzalez@bakeru.edu

PLA Center *(Office Use Only)*

Date Received: _____ Credits Verified:_____ _____
Date Initials

Payment Processed: _____ _____
Date Initials

Credits Documented by Academic Records: _____ _____
Date Initials