

# Academic Areas of Study (Please choose one)

## **Degree Programs:**

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| <input type="checkbox"/> Bachelor of Science in Business/<br>Advanced Paralegal Studies* | <input type="checkbox"/> Associate in Science in Business Administration |
| <input type="checkbox"/> Bachelor of Science in Business/<br>Executive Management        | <input type="checkbox"/> Associate in Science in Paralegal*              |
| <input type="checkbox"/> Bachelor of Science in Criminal Justice                         | <input type="checkbox"/> Associate in Arts in Liberal Studies            |
| <input type="checkbox"/> Bachelor of Arts in Legal Studies*                              | <br>   |
| <input type="checkbox"/> Bachelor of Arts in Liberal Studies                             | <input type="checkbox"/> Certificate of Advanced Paralegal Studies*      |
| <input type="checkbox"/> Bachelor of Arts in Liberal Studies/Elementary Education        | <br>   |
| <input type="checkbox"/> Bachelor of Arts in Liberal Studies/Early Childhood Education   | <br>   |
| <input type="checkbox"/> Bachelor of Arts in Psychology                                  | <br>   |

\* Approved by the American Bar Association

Note: Some classes may be held in alternate locations.

- If offered, do you wish to take on-line classes? \_\_\_\_\_
  
- In your opinion, what is your level of computer skill? What computer programs do you feel proficient in? \_\_\_\_\_

## **Goals Statement**

What are your current professional and personal goals, and how will furthering your education at Bay Path College help you achieve them? **(Please print or type. Attach a separate sheet, if needed, or if you prefer.)**

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## **Ethnic Origin: (optional)**

- African-American     Asian or Pacific Islander     Hispanic     Caucasian     American Indian/Alaskan Native
- Other \_\_\_\_\_

## **Signature of the Applicant - required**

I CERTIFY that the above information is complete and correct. I further understand that falsification or failure to supply correct information may lead to the disqualification of my application for admission to Bay Path College. I also agree to accept full responsibility for all debts incurred.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

*Bay Path College admits students of any race, color, national or ethnic origin, physical limitations, religion, age, or sexual orientation all rights, privileges, programs, and activities generally accorded or made available to students at the College. Bay Path College does not discriminate on the basis of race, color, national or ethnic origin, physical limitations, religions, age or sexual orientation in the administration of its educational policies, admissions policies, scholarship and loan programs, and other College-administered programs. The information regarding diversity requested in the application form is for the completion of statistical information only and is not used as a basis for admission.*



# Application for Admission One-Day-A-Week Saturday College

Please mail this application and the \$25 non-refundable application fee to:  
Continuing Education Office, 588 Longmeadow Street, Longmeadow, MA 01106

## General Information

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Birth Name (if different): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have either of your parents earned a 4-year Bachelor's Degree? (**Required**) Yes \_\_\_ No \_\_\_ Don't Know \_\_\_

Street: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_ If "No," Country of citizenship: \_\_\_\_\_

How did you hear about Bay Path? \_\_\_\_\_

## Educational Background

<i>Name of Institution</i>	<i>City and State</i>	<i>Date of Attendance Mo/Yr to Mo/Yr</i>	<i>Number of Credits N/A for High School</i>	<i>Date of Diploma or Graduation</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Employment Background

List current position:

Employer's Name: \_\_\_\_\_

Employer's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

Work E-mail: \_\_\_\_\_ Title: \_\_\_\_\_

Dates Employed: \_\_\_\_\_