**Continuing Education Application Form**

**Instructions**

**Your completed application includes:**

1. Completed and signed application form

2. Application fee: Submit a $50.00 check or money order, payable to Bryn Mawr College with this completed form.

3. Additional documentation as required:

 a. For applicants who have earned a post-secondary degree: Submit an official transcript for highest post-secondarydegree earned.

 b. For applicants who are college students at a college other than Bryn Mawr, Haverford, or Swarthmore: Submit an official college transcript and a letter on college letterhead from your dean or academic advisor indicating that you are in good academic standing and recommending you for coursework at Bryn Mawr.

c. For applicants who are high school students: Submit an official high school transcript and a letter on institutional letterhead from the principal or guidance counselor approving your application for coursework at Bryn Mawr.

**NOTE:** You may take no more than two undergraduate courses OR one graduate course in any one semester.

4. Send completed application to:

 Michelle Mancini

 Associate Dean & Director of Continuing Education

 Dean’s Office – Eugenia Chase Guild Hall

 Bryn Mawr College

 101 N. Merion Avenue

 Bryn Mawr, PA 19010

**Continuing Education Application Form**

**Semester you plan to enter Bryn Mawr:**

**Fall** \_\_\_\_\_\_\_\_\_\_\_ **Spring** \_\_\_\_\_\_\_\_\_\_\_

**Course Selection:** List course(s) you wish to take during your first semester at Bryn Mawr if you are admitted as a Continuing Education Student:

**Department Course Number/Title Instructor** **Taking course for credit or audit:**

 **Circle one.**

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit or Audit

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit or Audit

**Do you plan to apply course credit to a degree program?** (circle one) yes no

If yes, at which institution? \_\_\_\_\_\_

**Biographical Information:**

Last Name First Middle

Permanent Address

City State Zip Country (if not USA)

Telephone ( ) E-mail address

Birth Date \_\_\_\_\_\_\_\_\_\_\_ Birthplace \_\_\_\_\_\_\_\_

Country of Citizenship \_\_\_\_\_\_ Current Occupation

Business Address Business Telephone ( )

**Educational Background:**

**Post-secondary education**: Beginning with the college or university you attended most recently, list all:

**Name of college or university Major/Program Dates of Attendance**

 **From To**

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**Name of Secondary School: Location Year of Graduation**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**