

BRYN MAWR

COLLEGE

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-secondary degree 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: registrar@brynmawr.edu or by mail to:

Sara Forrest
Assistant Registrar
Registrar's Office – Eugenia Chase Guild Hall
Bryn Mawr College
101 N. Merion Avenue
Bryn Mawr, PA 19010

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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.
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_____	_____	_____	Credit or Audit
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_____	_____	_____	Credit or Audit
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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
_____	_____	_____	_____

Name of Secondary School:	Location	Year of Graduation
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_____	_____
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Signature

Date
