

Name:				
Addres	s:			
City: _		State:	Zip:	
Date of	f Birth	Email		
Phone	(Home):	Phone (Work/	Cell):	
Current VCCS School		VCCS Stu	VCCS Student ID	
			n Teachers Education Program (TEP) under the semester, year	
My intended degree is (check one): BA in Elementary Education BA in Special Education				
	nature below indicates that I u A between VCCS and MBU:	nderstand and agree to the fol	lowing requirements in order to be eligible for	
• •	3.0 on a four-point scale price	or to matriculation to MBU's T	n degree with a minimum cumulative GPA of Feacher Education Program. In for admission and provide all required	
	Online student : If enrol discount and admissions	ing as an online student , I un fee waiver. To apply, comple count & Admission Waiver Fo		
•				
•	By signing this form, I certifiand the above community co		s truthful. I also give permission to both MBU o one another concerning my academic ations.	
Student Signature			Date	
<i>m</i> 1				
	completed by a VCCS Counse t's cumulative GPA after 30 c			

Student's cumulative GPA after 30 credits completed:				
If degree has been conferred, final VCCS cumulative GPA:				
VCCS Counselor Signature	Print Name:			
Counselor Phone:	Counselor Email:			

Remit to: MBU Office of Admissions 101 E Frederick Ave Staunton, VA 24401 admit@marybaldwin.edu marybaldwin.edu 540-887-7391