



**West Virginia University Extended Learning
BA Pathway MDS Application
P.O. Box 6808
Morgantown, WV 26506-6808
1-800-2-LEARN2 Fax: (304) 293-3853**

Instructions:

1. Complete this application in its entirety and mail/fax it to: WVU Extended Learning, PO BOX 6808, Morgantown, WV 26506-6808 or fax to: 304-293-3853.
2. Mail your official transcripts from all institutions attended to: WVU Extended Learning, PO BOX 6808, Morgantown, WV 26506-6808. Official transcripts should be submitted each semester until official application to WVU is made into the BA Pathways degree program and upon completion of an Associate's degree at a WV Community & Technical College.

I. Status

The BA Pathway MDS degree is available to students who have completed AA/AS degrees at the WV Community and Technical Colleges.

High School Graduate (or GED)

Currently enrolled in college or have completed some college.

Completed AA/AS Degree

_____ Degree earned

II. Enrollment Information

Social Security Number: _____ (For internal use only. Will be kept confidential)

Name:

Last

First

Middle

If you are enrolled under a different name at WVU or another institution or college, please print all previous names:

Permanent Address:

Street

City

State

Zip Code

County

Country – for Non USA addresses only

Mailing Address:

Street

City

State

College Education: Please list all formal educational experiences (if any) since you graduated from high school. You must request that each school send WVU an official transcript. Attach extra sheets if necessary.

Name of School	Location	Dates (month/year)	Degree Earned
_____	_____	From ___/___ to ___/___	_____
_____	_____	From ___/___ to ___/___	_____
_____	_____	From ___/___ to ___/___	_____

FERPA Notice

In the event that I am accepted to West Virginia University, I acknowledge that my education records are protected by the Family Educational Rights and Privacy Act (FERPA). As such, pursuant to FERPA, I authorize officials at WVU to discuss or otherwise disclose the contents of my education records pertaining to my enrollment as a new student with individuals who can provide the Personal Identification Number identified below. This release may include information such as deposits paid, applications filed, housing and meal plan assignments, financial aid and scholarships awarded, course schedules, fees charged to my student account, etc. I understand and acknowledge that this authorization may be revoked by me in writing, or by completing a Consolidated FERPA Form at New Student Orientation, but that in no event shall this authorization remain in effect past the first day of classes of the semester to which this application applies. I understand that if I wish to revoke this authorization sooner, I must notify the Office of Admissions in writing. (Go to <http://ferpa.wvu.edu> for additional information on FERPA)

____ Yes, I authorize WVU to discuss information pertaining to my enrollment as a new student at WVU with individuals who can produce the following Personal Identification Number (PIN) when prompted: _____. (Please create a 5 digit numeric PIN number)

____ No, I do not authorize WVU to discuss information pertaining to my enrollment as a new student at WVU with my parents/guardians or other individuals.

I affirm that the information I have provided on this application form and all other admissions application materials is complete, accurate, and true to the best of my knowledge. Omitting or providing false information can lead to non-acceptance, the nullification of WVU credit, and/or dismissal. I have reviewed West Virginia University's policies and agree to adhere to them.

Student Signature _____ Date _____