

application for admission



st. elizabeth/youngstown campus

Please complete both sides of this application and submit it along with a **\$25** check or money order payable to Mercy College (non-refundable application fee) to:

Mercy College, Attn: Admissions
2221 Madison Avenue
Toledo, OH 43604

Please type or PRINT in blue or black ink!

Application for Fall (August) Year _____

1. Last Name _____ First Name _____ Middle Name _____
Maiden Name _____ Former Last Names _____

2. Social Security Number _____ 3. Gender: Male Female

4. Date of Birth _____

5. Are you a U.S. Citizen? Yes No

6. For non-U.S. citizens, are you a permanent resident (Green Card holder)? Yes No

If **yes**, Permanent Resident Card will need to be brought into the admissions office for validation and photocopy by admissions staff. Please note: Mercy College of Northwest Ohio has not petitioned the United States Department of Homeland Security for approval for attendance by non-immigrant students and cannot issue immigration Form I-20. TOEFL (Test of English as a Foreign Language) minimum combined Internet-based score of 80, taken within the past two years, must be submitted by all applicants for whom English is a second language.

7. Are you a Veteran? Yes No

8. Mercy College is asked by many, including the federal government, accrediting associations, college guides, and newspapers, to describe the racial/ethnic backgrounds of students and employees. In order to respond to these requests, we ask you to answer the following two questions:

Do you consider yourself to be Hispanic/Latino?

Please select one or more of the following racial categories to describe yourself:

American Indian or Alaska Native Asian
 Black or African American White or Caucasian Other _____

9. Religious preference (response is voluntary and will be treated as confidential) _____

10. Address _____

City _____ State _____ Zip _____ County _____

Area Code/Phone _____ Area Code/Alternate Phone _____

E-mail Address _____

11. Program of study: Associate Degree Nursing-Day

12. Have you previously applied for admission, taken courses or graduated from Mercy School of Nursing, St. Vincent School of Nursing, St. Vincent School of Medical Radiography or Mercy College of Northwest Ohio?

Yes No If **yes**, indicate the institution and date(s) attended or applied _____

13. Have you taken either or both of the following college entrance examinations?

ACT Date: (Month/Year) _____ / _____ SAT Date: (Month/Year) _____ / _____

14. I have earned a: High School Diploma GED

15. High School Graduated From or Attending:

High School _____ City _____ State _____

Graduation Date or Expected Graduation Date _____

16. Were/Are you enrolled in college courses while in high school (post-secondary) that allowed you to earn college credit?

Yes No List College/University _____ (if yes, official transcripts are required)

(over)

Official transcripts must be mailed directly to the Mercy College of Northwest Ohio Admissions Office (2221 Madison Ave, Toledo, OH 43604) from high school, GED, colleges/universities, and certification programs. It is the applicant's responsibility to arrange for the transcripts to be sent directly to Mercy College. Students with international transcripts are required to submit those transcripts to World Education Services (WES) for a course-by-course level evaluation and calculated cumulative grade point average (GPA). Contact WES at www.wes.org.

FAILURE TO LIST ALL INSTITUTIONS PREVIOUSLY ATTENDED MAY RESULT IN DENIAL OF ADMISSION OR DISMISSAL.

17. List all formal education beyond high school (whether or not degree was obtained).

College/University _____ City _____ State _____
 Dates attended ____ / ____ to ____ / ____ Last name on transcript _____
 Degree earned _____

College/University _____ City _____ State _____
 Dates attended ____ / ____ to ____ / ____ Last name on transcript _____
 Degree earned _____

College/University _____ City _____ State _____
 Dates attended ____ / ____ to ____ / ____ Last name on transcript _____
 Degree earned _____

College/University _____ City _____ State _____
 Dates attended ____ / ____ to ____ / ____ Last name on transcript _____
 Degree earned _____

18. Please list any work experience related to your chosen program of study. _____

It is important for a prospective student to know that a past felony or misdemeanor conviction may disqualify him/her from entering a clinical setting, test for licensure, or be hired by potential employers in healthcare professions. For example, see Section 4723.28 of the Ohio Revised Code concerning denial of licensure. I certify that all the responses on this application are correct and accurate to the best of my knowledge. I understand that falsifying any part of this application may result in cancellation of admission and/or registration. I have requested that official transcripts from all previous high schools and colleges and official test scores be sent directly to Mercy College of Northwest Ohio. I understand my application cannot be processed without the \$25.00 non-refundable application fee.

Signature _____ **Date** _____

Mercy College of Northwest Ohio does not discriminate on the basis of age, race, color, national or ethnic origin, religion, sex, disability, or marital status in administration of its admissions and educational policies, scholarship and loan program, or other school administered programs. Applicants with any questions about the institution's non-discrimination policy should contact either:

Vice-President of Administrative Services at (419) 251-1786 (Title IV Compliance Officer)
Associate Dean of Students for Student Formation at (419) 251-1710 (Disability Compliance Officer)

Please review the admission requirements before submitting this application. You can find these www.mercycollege.edu or by calling an admissions representative at (419) 251-1313 or toll free at (888) 80-MERCY.

For Office Use Only

Date Received _____ Payment Type _____ Date _____
 Received By _____ Check # _____ EMPOWER _____