

APPLICATION FOR ADMISSION



toledo 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 term beginning: Fall (August) Spring (January) Summer (May) Year _____

Please use your full legal name

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 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. See catalog for further information.

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 student and employees. In order to respond to these requests, we ask you to answer the following two questions:

Do you consider yourself Hispanic/Latino? Yes No

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

- American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander
 Black or African American White or Caucasian Two or more races
 Other _____

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

10. Address _____
City _____ State _____ Zip _____ County _____
AreaCode/Phone _____ AreaCode/AlternatePhone _____
E-mail Address _____

11. What is your planned program of study (Please mark only ONE):

Associate Degree Cardiovascular Technology:

- Echocardiography
 Peripheral Vascular
 Associate Degree General Studies
 Associate Degree Health Information Technology
 Associate Degree Nursing-Day
 Associate Degree Nursing-Evening/Weekend
 Associate Degree Radiologic Technology

- Bachelor's Degree Completion Health Care Administration
 Bachelor's Degree Completion Medical Imaging*
 Bachelor's Degree Completion Nursing Full-time (for-RN's)
 Bachelor's Degree Completion Nursing Part-time (for-RN's)
 Bachelor's Degree Human Biology**
 Bachelor's Degree Nursing Pre-licensure
 Certificate Emergency Medical Technician-Paramedic*
 Certificate Ophthalmic Technology
 Certificate Polysomnographic Technology

* Pending approval from the Ohio Board of Regents and the Higher Learning Commission of the North Central Association of Colleges and Schools.

** Pending approval from the Higher Learning Commission of the North Central Association of Colleges and Schools.

12. Are you interested in campus housing? Yes No

13. 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 _____

(over)

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

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

15. I have earned a: High School Diploma GED

16. High School Graduated From or Attending:

High School _____ City _____ State _____

Graduation Date or Expected Graduation Date _____

17. 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)

18. Are you the first person in your immediate family to attend college? Yes No

Official transcripts must be mailed directly to the Mercy College 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. See catalog for further information.

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

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

Attach additional paper if more than 4 colleges were attended.

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 _____

20. 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 or withholding information and/or transcripts, may result in cancellation of admission and/or registration and dismissal. I have requested that official transcripts from all previous high schools and colleges and official test scores be sent directly to Mercy College. I understand my application cannot be processed without the \$25.00 non-refundable application fee.

Signature _____ Date _____

Mercy College of 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 _____