

# 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 \_\_\_\_\_

Area Code/Phone \_\_\_\_\_ Area Code/Alternate Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

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

- |   |  |
|---|--|
| <input type="checkbox"/> Associate Degree Nursing-Day                       | <input type="checkbox"/> Bachelor's Degree Completion Health Care Administration |
| <input type="checkbox"/> Associate Degree Nursing-Evening/Weekend           | <input type="checkbox"/> Associate Degree Radiologic Technology                  |
| <input type="checkbox"/> Associate Degree General Studies                   | <input type="checkbox"/> Certificate Polysomnographic Technology                 |
| <input type="checkbox"/> Bachelor's Degree Nursing Pre-licensure            | <input type="checkbox"/> Certificate Ophthalmic Technology                       |
| <input type="checkbox"/> Bachelor's Completion Nursing Part-time (for-RN's) | Associate Degree Cardiovascular Technology:                                      |
| <input type="checkbox"/> Bachelor's Completion Nursing Full-time (for-RN's) | <input type="checkbox"/> Echocardiography*                                       |
| <input type="checkbox"/> Associate Degree Health Information Technology     | <input type="checkbox"/> Peripheral Vascular*                                    |

\* Pending Ohio Board of Regents approval

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 \_\_\_\_\_

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](http://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 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. 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](http://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 \_\_\_\_\_