

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: _____ First: _____ Middle: _____

Maiden _____ 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. Is English your second language? Yes No

7. 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.

8. Are you a Veteran? Yes No

9. 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/Caucasian Two or more races

Other

10. Religious preference (response is voluntary and will be treated as confidential):

11. Address:

City: _____ State: _____ Zip: _____ County: _____

Area Code/Phone: _____ Area Code/Alternate Phone: _____

Email Address: _____

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

- | | |
|---|---|
| <input type="checkbox"/> Associate Degree General Studies | <input type="checkbox"/> Bachelor's Degree Biology |
| <input type="checkbox"/> Associate Degree Health Information Technology - Online | <input type="checkbox"/> Bachelor's Degree Nursing Pre-licensure |
| <input type="checkbox"/> Associate Degree Nursing-Day | <input type="checkbox"/> Certificate Community Health Worker |
| <input type="checkbox"/> Associate Degree Nursing-Evening/Weekend | <input type="checkbox"/> Certificate EMT (Basic) |
| <input type="checkbox"/> Associate Degree Radiologic Technology | <input type="checkbox"/> Certificate Medical Coding - Online |
| <input type="checkbox"/> Bachelor's Degree Completion Healthcare Administration - Online | <input type="checkbox"/> Certificate Ophthalmic Technology |
| <input type="checkbox"/> Bachelor's Degree Completion Medical Imaging - Online | <input type="checkbox"/> Certificate Paramedic |
| <input type="checkbox"/> Bachelor's Degree Completion Nursing (for-RN's) - Online | <input type="checkbox"/> Certificate Polysomnographic Technology |

13. Are you interested in campus housing? Yes No

14. 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)

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

ACT Date: (Month/Year):

SAT Date: (Month/Year):

16. I have earned a:

High School Diploma

GED

17. High School Graduated From or Attending

High School:

City:

State:

Graduation Date or Expected Graduation Date

18. 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)

19. 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 wes.org. See catalog for further information.

20. List all formal education beyond high school (whether or not degree was obtained). **Attach additional paper if more than 3 colleges were attended.**

College/University:

City:

State:

Dates Attended:

Last name on transcript:

Degree Earned:

College/University:

City:

State:

Dates Attended:

Last name on transcript:

Degree Earned:

College/University:

City:

State:

Dates Attended:

Last name on transcript:

Degree Earned:

21. Are you a Mercy Health employee?

Yes

No

Please be informed that licensure or certification may be sanctioned for conviction of a crime including a felony, a gross misdemeanor, or misdemeanor with the exception of speeding and parking violations. Additionally, acceptance and successful completion does not guarantee licensure, certification, or employment, which may be contingent on factors unrelated to the education process. I acknowledge that if my answer is not true, I may not be eligible for admission.

22. Do you have a record of convicted child or dependent adult abuse?

Yes

No

23. Have you ever been convicted of a crime in this state or any other?

Yes

No

24. Are you currently incarcerated?

Yes

No

25. Have you ever been excluded from or served with notice of exclusion from any governmental programs, i.e., medicare, Medicaid, financial aid, loan default?

Yes

No

If yes to any of the above questions, please attach additional paper to explain and give dates.

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 is committed to a policy of nondiscrimination on the bases of race, color, national and ethnic origin, sex, sexual orientation, disability, age, marital status, religion, pregnancy, genetic information, and any other legally-protected class in admissions and educational programs, services and activities, in accord with applicable federal and state law. Further, Mercy College of Ohio is committed to making individuals with disabilities full participant in its programs, services and activities through compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990.

Applicants with any questions about these specific policies should contact: Vice President for Strategic Planning and Enrollment at **419-251-1614** Dean of Students/ADA/504/Title IX Coordinator at **419-251-1710**

For more information about Mercy College of Ohio policies, compliance and consumer information, please visit: **www.mercycollege.edu/compliance**.

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

Office Use Only

Date Received:

Payment Type:

Date:

Received By:

Check #:

EMPOWER: