

# TRANSIENT/GUEST STUDENT APPLICATION

This form is valid for one semester only at Mercy College of Ohio. To be eligible for enrollment as a transient/guest student, the applicant must have completed any prerequisites required for which she/he intends to register. Placement testing maybe applicable. Priority for registration is given to degree students. Enrollment is valid for the term for which the applicant is approved only. Approved applicants who do not enroll and those who wish to apply to a future term must submit a new application.

## All Applicants

Please complete both sides of this application and submit it to:

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

Please type or PRINT in blue or black ink!

1. Application for term beginning:  Fall (August)  Spring (January)  Summer (May) Year: \_\_\_\_\_

Please use your full legal name.

2. Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Maiden (optional): \_\_\_\_\_ Former Last Names: \_\_\_\_\_

3. Social Security Number: \_\_\_\_\_ 4. Gender:  Male  Female

5. Date of Birth: \_\_\_\_\_ 6. Are you a U.S. Citizen?  Yes  No

7. Is English your second language?  Yes  No

8. 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.

9. Are you a Veteran?  Yes  No

10. 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

11. Religious preference (response is voluntary and will be treated as confidential): \_\_\_\_\_

12. Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

May Mercy College send text messages to you?  Yes  No

Email Address: \_\_\_\_\_

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, Mercy College of Northwest Ohio, or Mercy College of 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

(OVER)

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.

**19. 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:		

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Dates Attended:	Last name on transcript:	
Degree Earned:		

**20. 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.

**21. Do you have a record of convicted child or dependent adult abuse?**  Yes  No

**22. Have you ever been convicted of a crime in this state or any other?**  Yes  No

**23. Are you currently incarcerated?**  Yes  No

**24. 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.

**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. In accordance with the Education Amendments of 1972, 34 CFR Part 106, Mercy College of Ohio has designated a Title IX Coordinator and Deputy Title IX Coordinator (Youngstown location) to ensure compliance regarding sex/gender discrimination of any type. For more information on the College's Policies on Civil Rights/ Nondiscrimination and Title IX, please visit: [www.mercycollege.edu/compliance](http://www.mercycollege.edu/compliance).

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

**Office Use Only**

Date Received:	Date:
Received By:	EMPOWER: