



# MOUNT ST. JOSEPH UNIVERSITY

## ADULT UNDERGRADUATE STUDENT APPLICATION

Please complete the entire application. Please type or print. You can apply online at [www.msj.edu/apply](http://www.msj.edu/apply). The Mount defines an adult student as one who has been out of high school for four or more years at the time of enrollment. A \$25.00 nonrefundable application fee payable to Mount St. Joseph University must be included with this application.

### PERSONAL BACKGROUND (Please type or print)

Name \_\_\_\_\_  
Last First Middle Maiden (Past/Previous Names) Preferred First

Mailing Address \_\_\_\_\_  
Street City State Zip Country

Permanent Address \_\_\_\_\_  
(if different from mailing address) Street City State Zip Country

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

Phone: \_\_\_\_\_ May we text you?  Yes  No  
Day Evening Cell

Gender:  Male  Female Date of Birth \_\_\_\_\_  
Month Day Year

Are you a U.S. citizen?  Yes  No Are you a U.S. permanent resident?  Yes  No

If a non-resident alien, what is: 1) your country of birth? \_\_\_\_\_ 2) your country of citizenship? \_\_\_\_\_

Do you consider yourself to be Hispanic/Latino/Spanish origin?  Yes  No

In addition, select one or more of the following racial categories to describe yourself:

- American Indian or Alaska Native  Asian  Black or African American
- Native Hawaiian or Pacific Islander  White (non-Hispanic)  Declined to Answer

### Academic Information

Date of Enrollment \_\_\_\_\_  Fall  Spring  Summer

Student Type  Adult (have not attended college previously)  Adult Transfer (have attended college previously)

Will you be taking courses as part of a Mount off-site program?  Yes  No If yes, location: \_\_\_\_\_

Enrolling as:  Part-time  Full-time

Degree you intend to receive  Associate degree  Bachelor Degree  Certificate

Intended Major (if undeclared, please indicate) \_\_\_\_\_

Go to [www.msj.edu/academics](http://www.msj.edu/academics) for a complete list of majors. Note: Not all majors are offered in all time frames.

Are you interested in obtaining an Adolescent-to-Young Adult Teaching License (grades 7-12)?  Yes  No

Are you interested in pursuing a graduate degree in any of the following:

- Pre-Art Therapy  Pre-Law  Pre-Pharmacy  Pre-Public Health
- Pre-Athletic Training  Pre-Medicine  Pre-Physical Therapy  Pre-Veterinary
- Pre-Chiropractic  Pre-Occupational Therapy  Pre-Physician Assistant Science
- Pre-Dentistry  Pre-Optometry  Pre-Podiatry

Will you be applying for financial aid?  Yes  No

### Academic History

High School \_\_\_\_\_  
Name City State Country Dates Attended (Month/Yr.-Month/Yr.)

List all colleges/universities you have attended. City/State/Country Dates Attended (MM/YYYY-MM/YYYY) Degrees (if any)

\_\_\_\_\_  
\_\_\_\_\_

Note: Transfer credits are only accepted from regionally accredited institutions.

## Employment

Place of Employment \_\_\_\_\_  
City State Country  
Position/Title \_\_\_\_\_ Business Phone \_\_\_\_\_

## Additional Information

Does your employer provide tuition reimbursement?  Yes  No

Are you currently serving or a veteran of the U.S. Armed Forces?  Yes  No

Are you a dependent of a veteran of the U.S. Armed Forces?  Yes  No

Do you plan to use VA benefits at the Mount?  Yes  No

Religious Preference: \_\_\_\_\_  Decline to Answer

Who has told you about us? (Please check all that apply.) Where have you seen us? (Please check all that apply.)

- |   |  |   |                                      |   |
|---|--|---|--------------------------------------|---|
| <input type="checkbox"/> Career counselor     | <input type="checkbox"/> MSJ admission counselor | <input type="checkbox"/> Billboard          | <input type="checkbox"/> Facebook    | <input type="checkbox"/> Radio                |
| <input type="checkbox"/> College advisor      | <input type="checkbox"/> MSJ alumni              | <input type="checkbox"/> Brochure/Postcard  | <input type="checkbox"/> Instagram   | <input type="checkbox"/> Search engine result |
| <input type="checkbox"/> Employer/Coworker    | <input type="checkbox"/> MSJ faculty/staff       | <input type="checkbox"/> Career fair        | <input type="checkbox"/> Internet ad | <input type="checkbox"/> TV                   |
| <input type="checkbox"/> Friend/Family member | <input type="checkbox"/> MSJ student             | <input type="checkbox"/> College fair       | <input type="checkbox"/> LinkedIn    | <input type="checkbox"/> Twitter              |
| <input type="checkbox"/> Other _____          | <input type="checkbox"/> Conference              | <input type="checkbox"/> Newspaper/Magazine | <input type="checkbox"/> Website ad  |   |
|   | <input type="checkbox"/> Email                   | <input type="checkbox"/> Other _____        |                                      |   |

In the space below, please indicate if there is any part of your academic record that might need clarification or explanation.

\_\_\_\_\_

The Mount has permission to use my name and related information if a scholarship is awarded and/or my application is accepted.

Yes  No (Please check one.)

Have you ever been expelled or required to withdraw for academic and/or disciplinary reasons from any high school or college?

Yes  No

Have you been convicted of a felony?  Yes  No

If you answered "yes" to either of the last two questions, please forward relevant information on this matter to the Director of Admission.

*Criminal background checks may be required to determine eligibility for admission into some programs and/or field placement, practicum or clinical assignments. Some misdemeanor offenses may justify the denial of admission into a licensure program or access to practicum or clinical assignments. A record of prior criminal conviction(s) will not necessarily be a bar to admission to the University. The University will take into account such factors as the nature and seriousness of the offense, the age of the offense, and any evidence that the potential student has successfully engaged in efforts to be held accountable or to rehabilitate.*

## SIGNATURE SECTION

I certify that the information which I have provided is complete and accurate to the best of my knowledge. I understand that falsification may result in denial of admission or dismissal from Mount St. Joseph University. If I am accepted by Mount St. Joseph University and choose to enroll, I understand that I will be expected to abide by all University rules and regulations.

**Note:** By completing and signing this application, students who attend the Mount give the University permission to use his/her photographs and/or digital media for marketing purposes, both on the website and in print materials. The photographs and digital media become the property of the University and are only used to promote the Mount.

**PLEASE NOTE: The review of your application will not occur until all relevant information is received.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date: Month/Day/Year

**Submit all application materials to:**

**Mount St. Joseph University, Office of Admission, 5701 Delhi Road, Cincinnati, Ohio 45233**

Mount St. Joseph University reports aggregated data to the U.S. Department of Education on: Gender, Race, and Religious Affiliation.



**MOUNT ST. JOSEPH  
UNIVERSITY**

Office of Admission  
5701 Delhi Road  
Cincinnati, OH 45233-1670  
513-244-4531 | 800-654-9314  
[www.msjeu.edu](http://www.msjeu.edu) | [admission@msjeu.edu](mailto:admission@msjeu.edu)

Mount St. Joseph University ("the University") is committed to providing an educational and employment environment free from discrimination or harassment on the basis of race, color, national origin, religion, sex, age, disability, sexual orientation, gender identity, or other minority or protected status. This commitment extends to the University's administration of its admission, financial aid, employment, and academic policies, as well as the University's athletic programs and other University-administered programs, services, and activities.

The University has designated the chief compliance and risk officer, 513-244-4393, Office of the President, as the individual responsible for responding to inquiries, addressing complaints, and coordinating compliance with its responsibilities under Title IX of the Education Amendments of 1972 and other applicable federal and state civil rights laws. The University has designated the director of Learning Center & Disabilities Services, 513-244-4524, as the individual responsible for responding to inquiries, addressing complaints, and coordinating compliance with its responsibilities under Section 504 of the Rehabilitation Act of 1973.

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