



# MOUNT ST. JOSEPH UNIVERSITY

## PERSONAL INFORMATION (Please type or print)

Full 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

Email \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Gender (optional):  Male  Female  Decline to answer  
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)  Decline to Answer

## ACADEMIC INFORMATION

Desired Date of Enrollment (check one):  August 2021  January 2022

Freshman  Transfer

Full time (12 semester hours or more)\*  Part time (fewer than 12 semester hours)

\* Required for International Students on F-1 Visas.

Intended Degree  Associate  Bachelor's Intended Major (if undeclared, please indicate) \_\_\_\_\_

(Go to [www.msj.edu/academics](http://www.msj.edu/academics) for a complete list of majors.)

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

Will you be applying for financial aid?  Yes  No

## ACADEMIC HISTORY

High School \_\_\_\_\_ Dates Attended (Month/Yr.-Month/Yr.) \_\_\_\_\_

High School Address \_\_\_\_\_

City State Zip Country

List colleges you have attended (list most recent first):

|         |                    |                |
|---------|--------------------|----------------|
| College | City/State/Country | Dates attended |
| College | City/State/Country | Dates attended |
| College | City/State/Country | Dates attended |

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

**ACTIVITIES AND DISTINCTIONS** — List any scholastic distinctions or honors you have received and your involvement in extracurricular activities, leadership, community service, athletics, or employment, beginning in ninth grade.

Organization Name \_\_\_\_\_ Role \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
 Dates of Participation \_\_\_\_\_ Hours per Week \_\_\_\_\_ Weeks per Year \_\_\_\_\_  
Month/Year to Month/Year

Organization Name \_\_\_\_\_ Role \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
 Dates of Participation \_\_\_\_\_ Hours per Week \_\_\_\_\_ Weeks per Year \_\_\_\_\_  
Month/Year to Month/Year

Organization Name \_\_\_\_\_ Role \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
 Dates of Participation \_\_\_\_\_ Hours per Week \_\_\_\_\_ Weeks per Year \_\_\_\_\_  
Month/Year to Month/Year

Organization Name \_\_\_\_\_ Role \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
 Dates of Participation \_\_\_\_\_ Hours per Week \_\_\_\_\_ Weeks per Year \_\_\_\_\_  
Month/Year to Month/Year

**ADDITIONAL INFORMATION**

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 Affiliation: \_\_\_\_\_  Decline to Answer

Who told you about us? (Please check all that apply.)

- Career counselor
- MSJ admission counselor
- Employer/Coworker
- MSJ Alumni
- Friend/Family Member
- MSJ coach
- High school coach
- MSJ faculty/staff
- High school guidance counselor
- MSJ student
- High school teacher
- Other \_\_\_\_\_

Where have you seen us? (Please check all that apply.)

- Billboard
- Internet Ad
- TV
- Brochure/Postcard
- LinkedIn
- Twitter
- College fair
- Newspaper/Magazine
- Website ad
- Email
- Radio
- Facebook
- Search Engine Result
- Instagram
- Other \_\_\_\_\_

The Mount has a residency requirement for all freshman and sophomore students under the age of 21 not living with their parents/legal guardians, or whose home address is beyond a 35-mile radius from the University. Students must be 17 years of age or older to live on campus. Call the Office of Residence Life at 513-244-4304 with specific questions.

Housing Plans:  Residence Hall  Commuter

Please check the sports you plan to play in college:

- Baseball
- Basketball
- Cheerleading/Dance
- Cross Country
- Esports
- Football
- Golf
- Lacrosse
- Soccer
- Softball
- Track & Field
- Volleyball
- Wrestling

Please check if you plan to participate in any of the following:  Band  Choir  Campus Ministry  Theatre  
 Visual Arts/Art Guild  Video/Film Production

Please check the activities and/or programs you plan to be involved with in college:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Academic and Honorary Clubs | <input type="checkbox"/> Ethical Leadership      | <input type="checkbox"/> Multicultural affairs | <input type="checkbox"/> Student Government               |
| <input type="checkbox"/> Community service           | <input type="checkbox"/> Greek Life              | <input type="checkbox"/> Orchestra             | <input type="checkbox"/> Student Newspaper                |
| <input type="checkbox"/> Cooperative Education       | <input type="checkbox"/> Honors program          | <input type="checkbox"/> Performing Arts       | <input type="checkbox"/> Study Abroad                     |
| <input type="checkbox"/> Education at Work           | <input type="checkbox"/> Intramural sports       | <input type="checkbox"/> ROTC                  | <input type="checkbox"/> Talent Opportunity Program (TOP) |
| <input type="checkbox"/> Ensembles                   | <input type="checkbox"/> Journalism/Literary Org | <input type="checkbox"/> Service Learning      | <input type="checkbox"/> Other                            |

Have you taken, or are you currently taking any of the following?

- Advanced Placement  College Credit Plus  C-TAG  Dual credit  Honors

Tell us something about yourself that is not readily apparent from your application.

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Indicate if there is any part of your academic record that needs clarification or explanation. Attach additional sheets if needed.

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Share one characteristic about yourself that positions you to be a successful college student. Attach additional sheets if needed.

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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 Dean 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.

*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.*

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.

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Signature of Applicant

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Date: Month/Day/Year

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



## MOUNT ST. JOSEPH UNIVERSITY

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

09-WO-001775/21



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## SECONDARY SCHOOL REPORT FORM

Instructions: Students should complete Section I and submit the form to their school counselor. Counselors should complete Section II and forward this form, along with the students' high school transcript, to Mount St. Joseph University.

### SECTION I (to be completed by the student)

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
(Last, First, Middle)

Address: \_\_\_\_\_  
(City, State, Zip)

Telephone: Home ( \_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_ ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

### SECTION II (to be completed by the High School Counselor)

High School: \_\_\_\_\_ High School CEEB: \_\_\_\_\_

Counselor's Name: \_\_\_\_\_

Telephone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_

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

Percent of class attending: Four-Year \_\_\_\_\_ Two-Year \_\_\_\_\_ institutions

Provide Cumulative GPA on a 4.0 Scale: \_\_\_\_\_  Weighted \_\_\_\_\_  Unweighted \_\_\_\_\_

Student rank \_\_\_\_\_ in a class of \_\_\_\_\_  Not available

This student's course selection is:  Most Demanding  Demanding  Average  Below Average

### SENIOR-YEAR COURSES (or attach schedule)

| First Term: |       | Second Term: |       |
|-------------|-------|--------------|-------|
| Course      | Grade | Course       | Grade |
| _____       | _____ | _____        | _____ |
| _____       | _____ | _____        | _____ |
| _____       | _____ | _____        | _____ |
| _____       | _____ | _____        | _____ |
| _____       | _____ | _____        | _____ |
| _____       | _____ | _____        | _____ |

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_



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