



# MOUNT ST. JOSEPH UNIVERSITY

## GRADUATE STUDENT APPLICATION

A \$50.00 non-refundable application fee payable to Mount St. Joseph University must be included with this application. Note: Non-degree seeking students are not required to complete a graduate application if seeking nine semester hours or less. Contact Student Administrative Services Office at 513-244-4418 or [financial.aid@msj.edu](mailto:financial.aid@msj.edu) for more information.

### 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

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:

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White (non-Hispanic)	<input type="checkbox"/> Declined to Answer

### GRADUATE PROGRAM AREA (Please type or print)

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

<input type="checkbox"/> Doctor of Education (Ed.D) Reading Science	<input type="checkbox"/> Special Education (K-12) Concentrations: mild to moderate or moderate to intense (Circle one)
<input type="checkbox"/> Doctor of Physical Therapy (DPT)	<input type="checkbox"/> Multi-age Education (K-12) Subjects: Visual Arts or Music (Circle one)
<input type="checkbox"/> Doctor of Nursing Practice (DNP) Health Systems Leadership	
<input type="checkbox"/> Masters in Physician Assistant Studies (PA)	

**Master of Science in Nursing (MSN) program tracks:**

- ☐ Nursing Administration
- ☐ Nursing Education
- ☐ MAGELIN: Master's Graduate Entry Level in Nursing

**Masters of Business Administration**

- ☐ 4+1 MBA (undergraduate MSJ students only)

**Masters of Science in Organizational Leadership**

- ☐ MSOL Saturday

**Master of Arts - Major in Teaching:**

- ☐ Early Childhood Education (Grades Pre-K through 5)
- ☐ Middle Childhood Education (Grades 4-9)  
Concentrations: Math, Science, Language Arts, Social Studies (Circle two)
- ☐ Adolescent to Young Adult Education (Grades 7-12)  
Concentrations: Chemistry, Biology/Life Sciences, Integrated Mathematics, Integrated Science, Integrated Social Studies, Integrated Language Arts (Circle two)

**Master of Arts - Major in Education:**

- ☐ Reading Science
- ☐ Special Education - Second License
- ☐ PreK Special Needs
- ☐ Educational Studies
- ☐ Early Childhood - Second License

**Professional Advancement:**

- ☐ Dyslexia Certificate
- ☐ Reading Endorsement Program (Ohio)
- ☐ Pre-K Special Needs Endorsement (Ohio)
- ☐ Teacher Leader Endorsement (Ohio)
- ☐ Gifted Intervention Specialist Endorsement (Ohio)

☐ Other: \_\_\_\_\_

Anticipated Date of Enrollment \_\_\_\_\_ ☐ Fall ☐ Spring ☐ Summer  
 Do you plan to apply for financial aid? ☐ Yes ☐ No 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 or veteran of the U.S. Armed Forces? ☐ Yes ☐ No Do you plan to use VA benefits at the Mount? ☐ Yes ☐ No

## EDUCATION INFORMATION

Previous names on transcripts you will be sending to the Mount \_\_\_\_\_  
 Undergraduate Degree: \_\_\_\_\_

College	Major	Degree	Date
Other colleges attended, not just the school from which the undergraduate degree was received:			

Graduate credits earned or degree: \_\_\_\_\_

College	Field of Study	Number of Credits or Degree
Have you previously enrolled at the Mount? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes," what was your past enrollment status? <input type="checkbox"/> Degree-seeking <input type="checkbox"/> Non-degree seeking		

## EMPLOYMENT

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

## ADDITIONAL INFORMATION

Religious Affiliation: \_\_\_\_\_ ☐ Decline to Answer  
 Who has told you about us? (Please check all that apply.) Where have you seen us? (Please check all that apply.)  
☐ College advisor ☐ MSJ alumni ☐ Billboard ☐ Instagram ☐ Search engine result  
☐ Employer/Coworker ☐ MSJ faculty/staff ☐ Brochure/Postcard ☐ Internet ad ☐ TV  
☐ Friend/Family member ☐ MSJ student ☐ College fair ☐ LinkedIn ☐ Twitter  
☐ MSJ admission counselor ☐ Conference ☐ Newspaper/Magazine ☐ Website ad  
☐ Other \_\_\_\_\_ ☐ Email ☐ Radio ☐ Workplace event  
☐ Facebook ☐ Other \_\_\_\_\_

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.)

*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.*

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 these 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.*

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.

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

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

Application materials should be sent to [graduateadmission@msj.edu](mailto:graduateadmission@msj.edu), or mailed to:

Office of Graduate Admission, Mount St. Joseph University, 5701 Delhi Road, Cincinnati, OH 45233-1672



**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.