



# 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): ☐ January 2022 ☐ August 2022

☐ Freshman ☐ Transfer Enrolling as: ☐ Full-time ☐ Part-time

Freshman are you applying test-optional? ☐ Yes ☐ No

*If you apply test-optional, ACT/SAT test scores will not be required or considered for an admission decision.*

Intended Degree ☐ Associate ☐ Bachelor's Intended Major (if undeclared, please indicate) \_\_\_\_\_  
(Go to [www.msjeu.edu/academics](http://www.msjeu.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:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Pre-Art Therapy                | <input type="checkbox"/> Pre-Dentistry            | <input type="checkbox"/> Pre-Pharmacy            | <input type="checkbox"/> Pre-Speech Language Pathology |
| <input type="checkbox"/> Pre-Athletic Training          | <input type="checkbox"/> Pre-Law                  | <input type="checkbox"/> Pre-Physical Therapy    | <input type="checkbox"/> Pre-Veterinary Science        |
| <input type="checkbox"/> Pre-Audiology                  | <input type="checkbox"/> Pre-Medicine             | <input type="checkbox"/> Pre-Physician Assistant |  |
| <input type="checkbox"/> Pre-Behavioral & Mental Health | <input type="checkbox"/> Pre-Occupational Therapy | <input type="checkbox"/> Pre-Podiatry            |  |
| <input type="checkbox"/> Pre-Chiropractic               | <input type="checkbox"/> Pre-Optometry            | <input type="checkbox"/> Pre-Public Health       |  |

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.)

- |   |  |
|---|--|
| <input type="checkbox"/> Career counselor               | <input type="checkbox"/> MSJ admission counselor |
| <input type="checkbox"/> Employer/Coworker              | <input type="checkbox"/> MSJ Alumni              |
| <input type="checkbox"/> Friend/Family Member           | <input type="checkbox"/> MSJ coach               |
| <input type="checkbox"/> High school coach              | <input type="checkbox"/> MSJ faculty/staff       |
| <input type="checkbox"/> High school guidance counselor | <input type="checkbox"/> MSJ student             |
| <input type="checkbox"/> High school teacher            | <input type="checkbox"/> Other _____             |

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

- |  |   |                                     |
|--|---|-------------------------------------|
| <input type="checkbox"/> Billboard         | <input type="checkbox"/> Internet Ad          | <input type="checkbox"/> TV         |
| <input type="checkbox"/> Brochure/Postcard | <input type="checkbox"/> LinkedIn             | <input type="checkbox"/> Twitter    |
| <input type="checkbox"/> College fair      | <input type="checkbox"/> Newspaper/Magazine   | <input type="checkbox"/> Website ad |
| <input type="checkbox"/> Email             | <input type="checkbox"/> Radio                |                                     |
| <input type="checkbox"/> Facebook          | <input type="checkbox"/> Search Engine Result |                                     |
| <input type="checkbox"/> Instagram         | <input type="checkbox"/> 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:

- |                                   |                                     |   |  |                                     |                                    |                               |
|-----------------------------------|-------------------------------------|---|--|-------------------------------------|------------------------------------|-------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cheerleading/Dance | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Esports    | <input type="checkbox"/> Football  | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Soccer     | <input type="checkbox"/> Softball           | <input type="checkbox"/> Track & Field | <input type="checkbox"/> Volleyball | <input type="checkbox"/> 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-002031/21



# MOUNT ST. JOSEPH UNIVERSITY

## 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:

Course	Grade
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

#### Second Term:

Course	Grade
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Additional Comments:

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



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