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 ❑ January (Spring) ❑ August (Fall) Year:_____

❑ 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.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-Athletic Training
❑ Pre-Audiology
❑ Pre-Behavioral & Mental Health
❑ Pre-Chiropractic
❑ Pre-Dentistry
❑ Pre-Law
❑ Pre-Medicine
❑ Pre-Occupational Therapy
❑ Pre-Optometry
❑ Pre-Pharmacy
❑ Pre-Physical Therapy
❑ Pre-Physician Assistant
❑ Pre-Podiatry
❑ Pre-Public Health
❑ Pre-Speech Language Pathology
❑ Pre-Veterinary Science

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 a first-generation college student (neither parent/guardian has earned a bachelor's degree)? ❑ 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? ❑ Yes ❑ No

Religious Affiliation: _____ ❑ Decline to Answer

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

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

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

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

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 ❑ Tennis ❑ Track & Field ❑ Volleyball ❑ Wrestling

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

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

❑ Academic and Honorary Clubs ❑ Ethical Leadership ❑ Multicultural affairs ❑ Student Government
❑ Community service ❑ Greek Life ❑ Orchestra ❑ Student Newspaper
❑ Cooperative Education ❑ Honors program ❑ Performing Arts ❑ Study Abroad
❑ Education at Work ❑ Intramural sports ❑ ROTC ❑ Talent Opportunity Program (TOP)
❑ Ensembles ❑ Journalism/Literary Org ❑ Service Learning ❑ 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.

_____

_____

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

_____

_____

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

_____

_____

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.

NAME AND EMAIL FOR PARENT/GUARDIAN CONTACT(S):

We may communicate information relevant to the admission process.

Parent/Guardian 1

Full Name _____
Last First Relationship

Email _____

Parent/Guardian 2

Full Name _____
Last First Relationship

Email _____

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

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 | *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-002313/22

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:		**Second Term:**	
Course	Grade	Course	Grade

Additional Comments:

_____

_____

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