

SECOND DEGREE ACCELERATED PROGRAM

2021-22 Application to MCCN

Please fill out the complete application.

- The 13-month Second Degree Accelerated Program**
 - Spring - 2021 Spring - 2022
- The 18-month Second Degree Accelerated Program-Hybrid**
 - Spring - 2021 Spring - 2022
 - Fall - 2021 Fall - 2022

HAVE YOU EVER APPLIED TO MOUNT CARMEL COLLEGE OF NURSING (MCCN) IN THE PAST?

- NO
- YES Year _____ (If you previously applied and paid your application fee, it is not required again.)

SOCIAL SECURITY NUMBER _____ - _____ - _____

LAST NAME _____ PREVIOUS NAME (S) if any _____

FIRST NAME _____ MIDDLE NAME _____ SUFFIX (e.g. Jr., II) _____

LOCAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

PERMANENT ADDRESS (If different from local address) _____

APARTMENT NUMBER _____ P.O. BOX NUMBER _____

CITY _____ STATE _____ ZIP _____

COUNTY OF PERMANENT RESIDENCE _____ COUNTRY (IF OTHER THAN USA) _____

EMAIL ADDRESS _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ FAX _____

FOR REPORTING PURPOSES ONLY: MARITAL STATUS:

- Unmarried Married

GENDER

- Male Female

DATE OF BIRTH:

____ / ____ / ____

RACE/ETHNICITY:

MCCN is asked by many, including the federal government, accrediting associations, college guides, newspapers, and our own college community, to describe the aggregate racial/ethnic backgrounds of our students. In order to respond to these requests, we ask you to answer the following two questions:

Do you consider yourself to be Hispanic/Latino?

- 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

RELIGIOUS AFFILIATION:

Please check one:

- Muslim
- Buddhist
- Catholic
- Greek Orthodox
- Hindu
- Jewish
- Protestant
- Other _____
- No Affiliation

Would you like to receive the forms for financial assistance consideration?
Please note: Need-based financial assistance is only available to U.S. Citizens and Permanent Residents.

- Yes No

Are you a veteran? Yes No

Branch of Service _____

Are you an eligible dependent of a veteran?

- Yes No

Are you currently on active duty?

Service Dates To _____ From _____

Exit Status _____

National Guard Yes No

Reserves Yes No

LEGACY STATUS:

Are any family members MCCN Alumni?

- Yes No

If so, please list name(s):

ARE YOU A (PLEASE CHECK ONE):

U.S. CITIZEN PERMANENT RESIDENT (provide copy of card)

NON-RESIDENT ALIEN (Visa type and date of entry to U.S.) _____

(Mount Carmel College of Nursing does not issue an I-20).

WHICH FACTOR MOST INFLUENCED YOUR DECISION TO APPLY TO MOUNT CARMEL? (CHOOSE ONE)

ACADEMIC CURRICULUM CONTACT WITH CURRENT STUDENTS CONTACT WITH ALUMNI

LOCATION OF CAMPUS CATHOLIC COLLEGE OVERALL REPUTATION

OTHER _____

TESTING

Test of English as a Foreign Language (TOEFL) Date 1 _____ Date 2 _____ Date 3 _____

Admission to MCCN

EDUCATION

High School _____ Address _____ City _____ State _____ Zip _____

Telephone (_____) _____ Counselor _____ Month/Year of Graduation _____

COLLEGE/UNIVERSITY INFORMATION

If you are attending, have attended and/or graduated from a college or university, please complete the following:

(Reminder: You must have received at least a baccalaureate degree prior to enrollment in the Second Degree Accelerated Program)

Institution (Please list all institutions)	City/State	First-Last Dates of Attendance	Degree Earned
_____	_____ / _____	_____ - _____	_____
_____	_____ / _____	_____ - _____	_____
_____	_____ / _____	_____ - _____	_____
_____	_____ / _____	_____ - _____	_____
_____	_____ / _____	_____ - _____	_____
_____	_____ / _____	_____ - _____	_____
_____	_____ / _____	_____ - _____	_____
_____	_____ / _____	_____ - _____	_____
_____	_____ / _____	_____ - _____	_____
_____	_____ / _____	_____ - _____	_____
_____	_____ / _____	_____ - _____	_____
_____	_____ / _____	_____ - _____	_____

If necessary attach paper.



Submit the Following Documents to Complete the Application Process:

- **APPLICATION FOR ADMISSION:** Complete and sign. An incomplete and/or unsigned application will be returned to the applicant.
- **APPLICATION FEE:** Non-refundable, one-time \$30 application fee (check or money order made payable to Mount Carmel College of Nursing) must accompany application. You may also pay online with a credit card or over the phone.
- **ESSAY (Typed):** In 300 total words or less answer the following question:
1) As a future nurse, what do you think you will contribute to nursing?
- **HIGH SCHOOL/COLLEGE/UNIVERSITY TRANSCRIPT:** Contact each high school/college/university attended to request that an official transcript be sent to MCCN. No copies or faxed transcripts will be accepted.
- **ACTIVITIES/INTERESTS RESUME:** Please include a typed document highlighting employment, community service, athletics, hobbies, interests, honors and awards.
- **COPY OF VISA OR PERMANENT RESIDENT CARD AND TOEFL SCORES:** (if applicable).

NOTE: All applicants will be notified by e-mail once all of the application materials have been received.



MOUNT CARMEL College of Nursing

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614.234.4CON or toll-free 1.800.556.6942
Fax: 614.234.5427 Email: admissions@mccn.edu
www.mccn.edu

Mount Carmel College of Nursing does not discriminate on the basis of race, creed, color, national origin (ancestry), religion, sex (including sexual harassment), veteran status, age (40 years old or more), weight, height, marital status (past, present, or future), sexual orientation, gender identity, genetic makeup/information, disability or any other class protected by law in the administration of its admission or academic policies, financial aid, scholarship program, or any other programs. The complete nondiscrimination notice and Title IX compliance contact information can be found at: www.mccn.edu/equity

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