

MOUNT CARMEL COLLEGE OF NURSING

# UNDERGRADUATE NURSING PROGRAM



MOUNT CARMEL  
College of Nursing

WHEN LIFE IS YOUR LIFE'S CALLING.

## 2018-19 ADMISSION APPLICATION

### Mount Carmel College of Nursing Undergraduate Admission Procedures

Mount Carmel College of Nursing (MCCN) has a modified rolling admissions process. You are strongly encouraged to apply early. Although application review begins in October, documents submitted after the listed dates may be considered by the Admissions Committee depending on available space. Applicants who meet the MCCN requirements and who submit each of the documents listed below will be reviewed by the Admissions Committee and a decision will be emailed to email address listed on application.

Applicants who submit an application for the Summer Advanced Placement Program will be notified by e-mail in early March.

- Applicants who submit documents by April 1 for Fall Semester (August) will be notified by e-mail.

### 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 can also pay with a credit card online or over the phone.

- **Essay (500 words minimum/double spaced):** Select one topic from below. Content, grammar and punctuation will be evaluated.

1. Share your career plans or future goals after you graduate from MCCN.
2. Elaborate on characteristics you see in an excellent health care professional.
3. What is the greatest risk you have taken and what did you learn as a result of it?
4. Describe an experience of cultural diversity.

- **Essay 2:** (only if applicable) Some students experience personal or professional hardships or other extenuating circumstances which negatively impact academic performance.

If you choose to do so, you may submit a 150 word or less essay that addresses any downtrends or drops in your academic history.

- **Activities/Interests Resume**

Please include a typed resume highlighting employment, community service, athletics, hobbies, interests, and awards.

- **High School Transcript:** Ask your high school guidance office to send an official transcript directly to Mount Carmel College of Nursing, Admissions Office.

(TRANSFER STUDENTS ARE REQUIRED TO SUBMIT OFFICIAL HIGH SCHOOL TRANSCRIPTS EVEN IF THEY HAVE COLLEGE CREDIT OR AN EARNED COLLEGE DEGREE.)

- **GED Scores:** (if applicable) Send official scores to Mount Carmel College of Nursing Office of Admissions, as well as official high school transcript of courses taken prior to leaving high school.

- **College/University Transcript:** (if applicable) Contact **each** college/university attended to request that a complete official transcript be sent to MCCN. No copies or faxed transcripts will be accepted.

- **STANDARDIZED TEST SCORES:** ACT or SAT (refer to admission requirements).

- **COPY OF VISA OR PERMANENT RESIDENT CARD AND TOEFL SCORES:** (if applicable).

**NOTE:** MCCN is not able to assist students whose Visa requires I-20 documentation. MCCN is not an I-20 granting institution.

- International transcripts must be evaluated by the World Education Services (WES).

**NOTE:** All applicants will be notified by email once all of the application materials have been received.

*If you have any questions regarding the admissions process, you can visit our website [www.mccn.edu](http://www.mccn.edu), or call the Office of Admissions and Recruitment at 614.234.4CON or 1.800.556.6942 or send an email to [admissions@mccn.edu](mailto:admissions@mccn.edu). The hours of operation for the Admissions Office are Monday through Friday between 9 a.m. and 5 p.m.*

## Home School Admission Policy

Current college admission policy requires that freshman admission candidates possess a high school diploma from a chartered secondary school or a Certificate of Equivalence earned by successful completion of the GED (General Educational Development) test. For students who are home schooled, the following requirements apply for freshman consideration:

- Application: Be sure to indicate "home-schooled" in the section of the application for name of high school.
- Application fee of \$30.00
- Essay Topic (Select one of the four outlined in the application)
- Activities and Interest Resume
- Submit a personal statement discussing academic preparation and detailing any unique experiences, academic or otherwise, which speak to the student's preparation for college.
- Submit written verification from the appropriate school district that the student has been excused from compulsory attendance for home education (signed by the school district superintendent).
- Submit results of ACT or SAT as you begin the application process to Mount Carmel College of Nursing, please pay attention to the guidelines listed below.

Depending on the type of applicant, the following materials will need to be submitted, with recommended scores of at least ACT composite 20 or SAT total of 950

- Submit a transcript or written list, with grades, verifying that the student received the following instruction:
  - 4 English courses
  - 3 Math courses (including Algebra II)
  - 3 Laboratory science courses (including Chemistry and Biology)
  - 3 Social science courses
  - 2 Foreign language courses
  - 1 Visual or performing arts course
- Submit home school course content descriptions (i.e. syllabi) along with a list of textbooks or other basic teaching materials
- Official GED score report
- If the student has taken college courses, provide official college transcript
- Submit one letter of recommendation from either a coach, employer, pastor, sponsor of an extracurricular activity, or teacher of any kind of private instruction (e.g. music lessons, etc.)

All application materials must be received by the regular freshman application deadline of April 1st.

**Note:** Non-Ohio residents must follow the above requirements regardless of home state guidelines.

**Note:** The transcript or written list of the transcript or written list of courses taken must be signed by the school certifier and notarized.

**Note:** If, due to extenuating circumstances, official records cannot be obtained, the student may petition the director of Admissions for an interview in order to be considered for admission.

## Advanced Placement Credit Policy for Mount Carmel College of Nursing

Mount Carmel College of Nursing recognizes the Advanced Placement (AP) Examination Program of The College Board as an excellent way to earn college credit toward the baccalaureate degree. MCCN will award equivalent course credit for the following AP examinations with a score of '3' or higher.

**AP Examination:** English Language and Composition -  
**Min Score 3**

**MCCN Course:** English Composition - (ENGL 110)

**Semester Hours 3**

**AP Examination:** English Literature & Composition -  
**Min Score 3**

**MCCN Course:** English Composition - (ENGL 110)

**Semester Hours 3**

**AP Examination:** Psychology - **Min Score 3**

**MCCN Course:** General Psychology (PSYC 101)

**Semester Hours 3**

**AP Examination:** Statistics - **Min Score 3**

**MCCN Course:** Health Statistics (HLTH 320)

**Semester Hours 3**

In addition, MCCN will award equivalent course credit up to a maximum of 3 courses (9 semester hours) with a score of '3' or higher on AP examinations in the subject areas of humanities or social sciences. This credit will be applied toward the humanities/social science elective credit at MCCN. Contact the MCCN Transfer Credit Evaluator for specific AP examinations covered under this policy. Evaluation of AP credit is handled by the MCCN Transfer Credit Evaluator. Official confirmation of AP scores must come directly from The College Board to the MCCN Admissions Office. Notation of AP work on a high school transcript will not suffice.

A student requesting evaluation of AP credit must write to the address below, indicate the specific AP test and year it was taken, and request the score report be sent directly to the Admissions Office at Mount Carmel College of Nursing.

**AP Services**  
**P.O. Box 6671**  
**Princeton, NJ 08541-6671**  
**Fax: (610) 290-8979**

# UNDERGRADUATE NURSING PROGRAM

**2018-19 Application to MCCN**

**ENTERING SEMESTER/SESSION: (check one)**

- SUMMER SESSION (MAY)**  
(ADVANCED PLACEMENT PROGRAM-APP) - ONLY  
Only available at Columbus Campus, very limited space
- FALL SEMESTER (AUGUST)**

**PLEASE FILL OUT THE COMPLETE APPLICATION (check one)**

- Entering Freshman/Transfer**
- Columbus Campus**
  - Lancaster Campus**
  - Undecided Campus**

**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
  - Protestant
  - Catholic
  - Other \_\_\_\_\_
  - Greek Orthodox
  - No Affiliation
  - Hindu
  - Jewish

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?

- Yes  No

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 \_\_\_\_\_

MAY WE CONTACT YOU AT WORK?     YES     NO    SHIFT:     DAY     EVENING     NIGHT

EMPLOYER'S NAME	DEPARTMENT	
CITY	STATE	ZIP
TELEPHONE	FAX	EMAIL

**EMERGENCY CONTACT INFORMATION**

In case of an emergency please contact:

NAME \_\_\_\_\_ RELATIONSHIP TO APPLICANT \_\_\_\_\_

WORK PHONE (\_\_\_\_) \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**TESTING**

Check test(s) you have taken or will take in the future Test Dates

American College Testing (ACT)                      Date 1 \_\_\_\_\_ Date 2 \_\_\_\_\_ Date 3 \_\_\_\_\_

Scholastic Aptitude Test (SAT I)                      Date 1 \_\_\_\_\_ Date 2 \_\_\_\_\_ Date 3 \_\_\_\_\_

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

**EDUCATION**

High School \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Counselor \_\_\_\_\_ Month/Year of Graduation \_\_\_\_\_

HIGH SCHOOL GUIDANCE COUNSELOR SECTION (REQUIRED ONLY FOR HIGH SCHOOL STUDENTS)

The guidance counselor must complete this section.

Guidance Office Phone (\_\_\_\_) \_\_\_\_\_ Guidance Office Fax (\_\_\_\_) \_\_\_\_\_

Guidance Office Email \_\_\_\_\_

High School CEEB Code \_\_\_\_\_ (six digits)

High School Web Site \_\_\_\_\_

Please note whether this candidate has attended other secondary schools?  Yes  No  
If "yes," please list name(s) of institution(s) and year(s) attended

PLEASE LIST SENIOR YEAR COURSES IN PROGRESS IF NOT INCLUDED ON TRANSCRIPT AND INCLUDE FIRST MARKING PERIOD GRADES IF AVAILABLE AT TIME OF APPLICATION.

\_\_\_\_\_

CUMULATIVE RANK \_\_\_\_\_ OUT OF \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BASED ON \_\_\_\_\_ SEMESTERS (WEIGHTED RANK PREFERRED)

\_\_\_\_\_

\*CUMULATIVE GPA OVER 6 SEMESTERS \_\_\_\_\_ ON A \_\_\_\_\_ PT. SCALE (WEIGHTED GPA PREFERRED)

Signature \_\_\_\_\_

Name (please print) \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

CHECK HERE IF YOU DO NOT RANK

Applicant must have a cumulative GPA of 3.0 or higher and have a minimum of a "C" in required course work for admission consideration. A "C-" will not be accepted.

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

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

If necessary attach paper.

**COURSE ENROLLMENT**

Please list all courses you are **currently taking and/or planning to take** before your planned semester of enrollment at Mount Carmel College of Nursing. If you make any changes or modifications to this list once you have submitted it, you must notify us immediately in writing (letter, fax, or email) of the changes. Failure to do so may jeopardize your acceptance at Mount Carmel.

Course Number (ex: Bio 101)	Title of Course (ex: Intro to Bio)	Term/Quarter/Semester (ex: Fall, 2017/ Q)	Credit Hours (ex: 2 hours)	High School or College/University Name (ex: Empire High School or Empire College)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Note: If you have taken, are currently taking, or planning to take any nursing classes, you may be required to submit a course description and **syllabus for each nursing course.**

**MUST CHECK ONE FOR EACH QUESTION:**

- Yes  No The law regulating the practice of nursing states that the Ohio Board of Nursing may deny a convicted felon a license or the privilege of sitting for the examination (Section 4723.28 of the Revised Code). Do you have a felony conviction record?
- Yes  No In addition, certain clinical agencies may deny clinical access to persons convicted of specific misdemeanors. Do you have a misdemeanor conviction record?

**MUST BE READ AND SIGNED:** I certify that I have provided accurate information in this application and that the essay and other materials submitted are my original/official work. I authorize the verification of my credentials for admission. Accordingly, I understand and agree that any misrepresentation or omission of facts in my application will justify the refusal of admission consideration, cancellation of admission and/or dismissal from the College. If I am admitted to Mount Carmel College of Nursing (MCCN), I understand and agree that the College may rescind my admission at any time prior to my enrollment in the event that I should engage in conduct or behavior which, in the judgment of the administration, would constitute a violation of the College's Code of Conduct. I agree that all information supplied in this application and in any documents received in connection with this application becomes and shall remain the property of MCCN and, except as required by law, I shall have no rights with respect to such documents or to the information contained therein. The College also reserves the right to revoke any degree or certification that it may have awarded in reliance on any information contained in my application materials for admission if it subsequently transpires that this information was fraudulent misrepresentation of fact.

Applicant's Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

*Mount Carmel College of Nursing believes that certain functional abilities and performance standards are necessary for the safe practice of professional nursing. These include:*

- the ability to see, hear, touch, smell and distinguish colors
- the ability to speak and write with accuracy, clarity and efficiency
- manual dexterity (gross and fine movements)
- the ability to learn, think critically, analyze, assess, solve problems, and reach judgement
- emotional stability and the ability to accept responsibility and accountability

Students will need to demonstrate satisfactory application of these functions and competencies during their course of study in nursing. Students should consider their ability to demonstrate these functions and competencies when applying for admission to Mount Carmel College of Nursing.

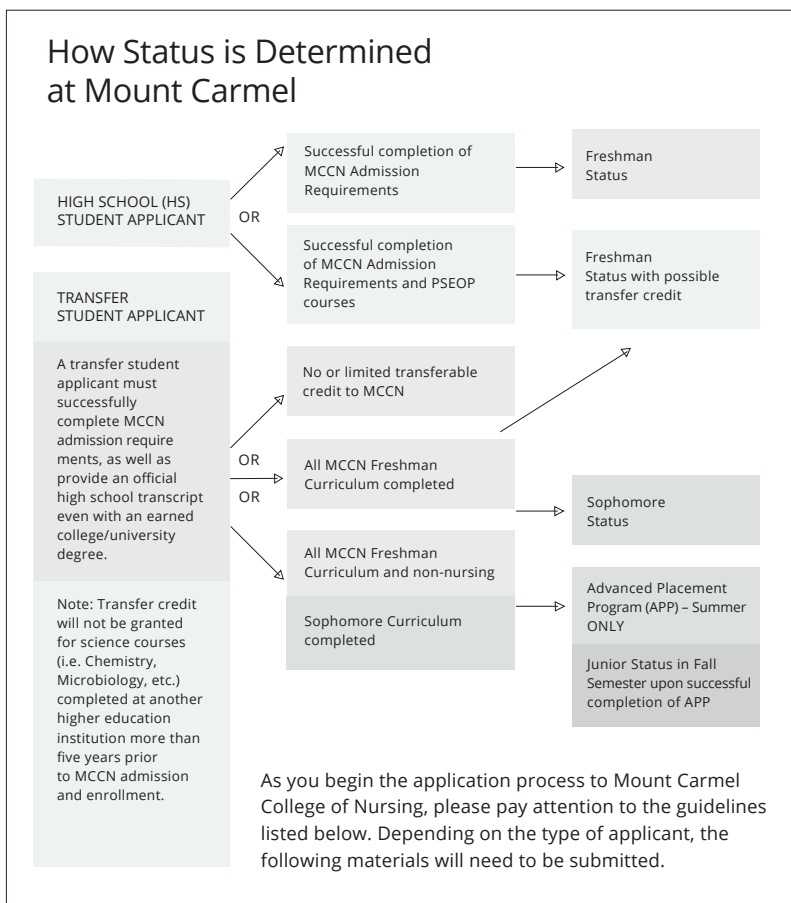
## Mount Carmel College of Nursing

Mount Carmel College of Nursing (MCCN) offers students direct-entry into the nursing program upon acceptance. A MCCN student's status (freshman year-senior year) is determined based on the sequence of courses that he/she has successfully completed, as opposed to the number of credit hours that he/she has earned (please see the diagram). The majority of MCCN new students enter Fall Semester (August) at freshman status because there is more space available.

A student can start sophomore nursing courses only if he/she has completed the MCCN freshman curriculum even though he/she may have credit for courses in MCCN sophomore curriculum, junior curriculum and/or senior curriculum. A limited number of eligible new students can enter MCCN at sophomore status or higher after current MCCN students are placed and available space is assessed.

If a student has transfer courses that are equivalent to any of the MCCN freshman, sophomore, junior and/or senior courses, transfer credit is granted. A student must have a grade of "C" or better in order for the course to transfer (C- not accepted). However, the student's admission status may not change.

The more credits a student transfers from another college/university the less likely he/she is to be full-time. If he/she is not full-time, the following situations could occur: 1) reduced options for certain financial aid/scholarships; 2) earlier repayment of student loans that may have already been incurred at a previous college/university (*refer to chart*).



High School Applicants	Transfer Applicants	Advanced Placement Applicants
<ul style="list-style-type: none"> <li>✓ Application</li> <li>✓ Application Fee (\$30)</li> <li>✓ Essay</li> <li>✓ Resume</li> <li>✓ High School Transcript</li> <li>✓ ACT or SAT scores</li> <li>✓ GED***</li> <li>✓ Copy of Visa or Permanent Resident Card (if applicable)</li> </ul> <p>* Transfer or Advanced Placement applicants whose native language is not English are required to take and submit scores for the Test of English as a Foreign Language (TOEFL). The required score is a 79-80.</p> <p>** Transfer or Advanced Placement applicants who have taken course work or earned a degree abroad are required to have foreign credit evaluated by World Education Services (WES) <a href="http://www.wes.org">www.wes.org</a>, or another evaluation service that is a member of NACES (<a href="http://www.naces.org">www.naces.org</a>).</p>	<ul style="list-style-type: none"> <li>✓ Application</li> <li>✓ Application Fee (\$30)</li> <li>✓ Essay</li> <li>✓ Resume</li> <li>✓ High School Transcript</li> <li>✓ ACT or SAT scores (if less than 30 college credit hours or less than 5 years from graduating high school)</li> <li>✓ All College Transcripts</li> <li>✓ TOEFL Scores*, WES Evaluation** and GED***</li> <li>✓ Copy of Visa or Permanent Resident Card (if applicable)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Application</li> <li>✓ Application Fee (\$30)</li> <li>✓ Essay</li> <li>✓ Resume</li> <li>✓ High School Transcript</li> <li>✓ All College Transcripts</li> <li>✓ TOEFL Scores*</li> <li>✓ WES Evaluation**</li> <li>✓ GED***</li> <li>✓ Copy of Visa or Permanent Resident Card (if applicable)</li> </ul> <p>*** Prospective students who have not completed high school are required to submit documentation that they have earned their GED. Please note that MCCN requires that students with a GED must successfully complete the required college preparatory course work with a grade of "C" or better. These courses can be taken at the college level. Please submit a high school transcript for the years you did attend.</p>



MOUNT CARMEL  
College of Nursing

127 South Davis Avenue, Columbus, Ohio 43222  
614.234.4CON or toll-free 1.800.556.6942  
Fax: 614.234.5427 Email: [admissions@mccn.edu](mailto:admissions@mccn.edu)  
[www.mccn.edu](http://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 compliance contact information can be found at: [www.mccn.edu/equity](http://www.mccn.edu/equity)

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