



Gwynedd-Mercy College

CENTER FOR LIFELONG LEARNING

APPLICATION FOR ADMISSION

PLEASE TYPE OR PRINT the information below and return this form
with a non-refundable application fee to Gwynedd-Mercy College (see address below).

- APPLYING FOR** Associate of Science Degree in Business Administration (ASBA)
 Bachelor of Science Degree in Business Administration/Organizational Management (BSBA-OA)
 Bachelor of Science Degree in Business Administration/Health Administration (BSBA-HA)
 Bachelor of Science in Nursing (BSN) (RN License Required)
 Master of Science Degree in Management (MSM)

I want to begin class _____ / _____
Month Year

BOX 1, SOCIAL SECURITY NUMBER

Date _____ Social Security # _____

BOX 2, FULL LEGAL NAME

Name _____ Sex: M F
Last First Maiden Middle

BOX 3, PERMANENT MAILING ADDRESS

Mailing Address _____

City _____ State _____ Zip _____

Street Address (for UPS Delivery) _____

City _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____

Fax # _____ E-Mail Address _____

Birth Date _____ Marital Status S M D W
Month / Day / Year

BOX 4, MILITARY SERVICE

Organizational affiliations: _____

Military Yes No _____ If yes, submit DD214 or DD295
Branch Dates

BOX 5, EDUCATION

Previous Study

If your name will appear in any other form on transcripts and/or documents, enter that name below:

_____ High School Name _____ City _____ State _____

Date of High School Graduation _____

We **MUST** receive official transcripts from ALL post-secondary institutions attended.

Name of College or University Dates of Attendance City, State Degree or Certificate Awarded

List all Colleges/Universities attended beginning with the current or most recent

BOX 6, HAVE YOU PREVIOUSLY APPLIED TO GWYNEDD-MERCY COLLEGE?

Yes No

If yes, for what year? _____

Estimated Number of Credits Earned: Quarter Hours _____ Semester Hours _____

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Gwynedd-Mercy College

CENTER FOR LIFELONG LEARNING

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BOX 7, FINANCING

Method(s) by which I will pay for my education (✓ all that apply):

- Financial Assistance (FA) Loans
 Self-Pay Cash
 VA Benefits
 Company Voucher
 Military Tuition Assistance

BOX 8, FEDERAL REPORT

Federal Reporting

- Race: American Indian/Alaskan Native Black Hispanic
 Asian/Pacific Islander White Non-Resident Alien
- Are you a citizen of the United States of America? Yes No
- If yes, please indicate USA State of Birth _____
- If no, check one: Student Visa Permanent Visa
- Country of Birth _____ Country of Residence _____
- Do you need form I-20 for immigration purposes? Yes No

Religious Affiliation:

- Catholic Jewish
 Muslim Protestant/Denominational Preference
 Other Faith Non-religious affiliation

BOX 9, LIST EMPLOYERS

Employment History (for Business Degree Students - needs to equal 2 years or more)

Current Employer:

Company Name _____
 Address _____ City _____ State _____ Zip _____

Current Position Held	Length of Employment (years/months)
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Previous Employer(s):

Company Name _____

Last Position Held	Length of Employment (years/months)
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BOX 10, GMC
NON-DISCRIMINATION

Gwynedd-Mercy College does not discriminate on the grounds of race, color, national origin, religion, sex, age or disability in any of its education programs or activities, or with respect to employment therein.

BOX 11, RESERVED RIGHTS

I understand that the information provided by Gwynedd-Mercy College and its Center for Lifelong Learning is, to the extent possible, current concerning calendars, estimated program/course start dates, admission and degree requirements, fees, regulations and program/course offerings. Supplied information does not constitute a contract between the College and/or Center and an accepted applicant. The College reserves the right to modify some or all rates, policies, programs or courses when and as deemed necessary, without prior notice.

I certify that the information given in this application is correct to the best of my knowledge and belief.

BOX 12, SIGNATURE

Applicant's Signature _____

Date _____