



CENTER FOR PROFESSIONAL AND CONTINUING STUDIES / 5350 SPECTRUM DRIVE, SUITE A / FREDERICK, MARYLAND 21703
877-982-2329 / 301-682-8315 / FAX: 301-682-5247 / INQUIRY@MSMARY.EDU / WWW.MSMARY.EDU/ADULT

CONTINUING STUDIES

Application for Admission

Application for admission in:

Fall, Year _____ Spring, Year _____ Summer, Year _____

Intended Plan of Study:

Full-time Part-time

Program of Study:

Accelerated Undergraduate Business Accelerated Undergraduate Criminal Justice
 Weekend College/Elem. Education Weekend College/Elem. Education with Initial Certification

PERSONAL INFORMATION

SEX: M F

LEGAL NAME MAIDEN NAME PREFER TO BE CALLED

DATE OF BIRTH SOCIAL SECURITY NUMBER E-MAIL ADDRESS

PERMANENT HOME ADDRESS

CITY STATE ZIP COUNTRY

HOME TELEPHONE CELL FAX

Use permanent address for correspondence? Yes No (If no, complete the section below)

Correspondence Address (if different from permanent address)

CITY STATE ZIP COUNTRY

PHONE NUMBER AT CORRESPONDENCE ADDRESS (IF APPLICABLE)

Correspondence address valid from ____ / ____ / ____ to ____ / ____ / ____

CITIZENSHIP STATUS

USA Permanent Resident Visa Student (Indicate type of Visa _____ and Country of Citizenship _____)

If not English, what is your native language? _____

Applicants whose native language is not English should enter the result of the TOEFL and have official scores sent to the Center for Professional and Continuing Studies. Dates taken _____ Scores _____

OPTIONAL ITEMS

Provision of this information is voluntary and in no way affects the admission decision. The information is requested solely for the purpose of reporting statistical data.

RELIGIOUS PREFERENCE

If Catholic, please identify:

PARISH CITY DIOCESE

Are you Hispanic or Latino? Yes No

Please select one or more: Black/African American Asian American Indian/Alaskan Native

Native Hawaiian or Other Pacific Islander White

FULL-TIME WORK EXPERIENCE (MINIMUM 3 YEARS REQUIRED FOR ADMISSION)

Employer's type of business or profession _____

Does your employer provide tuition remission benefits? Yes No If Yes, what _____

Position (most recent first)	Employer/Company Name	City, State	Dates

EDUCATION

List below the colleges and universities you have attended. Request that the registrar of each institution send an official copy of your transcripts to Mount St. Mary's Office of Continuing Studies. *Note: If not currently attending college, please check here*

Schools Attended	City, State	Degree & Major	Dates of Attendance	Graduated?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been a student at Mount St. Mary's University? Yes No

If yes, dates of attendance _____ or year of graduation _____

Check here for Mount St. Mary's transcript release.

SIGNATURE DATE

Sign above to authorize release of your Mount transcript; otherwise, it is your responsibility to provide Continuing Studies the official transcript.

ADDITIONAL INFORMATION

How did you first learn of Mount St. Mary's Continuing Studies?

- Alumni (A)
- College Guides (G)
- Mount Publications (L)
- Relatives (R)
- Employer (I)
- Other (Z) Please specify _____
- Mount Representative (O)
- Internet (T)
- Current Student (S)
- Radio (K) Please specify station _____
- Newspaper (P) Please specify paper _____

What characteristics of the Mount's program persuaded you to apply?

- Curriculum (A)
- Quality and accessibility of faculty (F)
- Location (L)
- Catholic (C)
- Class size (S)
- Professional and academic reputation (T)
- Accelerated format (F)
- Other (Z) Please specify _____

APPLICATION SIGNATURE (REQUIRED)

My signature below indicates that all the information contained within my application is complete, factually correct, and honestly represented. I understand that any misrepresentation of information included as part of my application could nullify my admission.

SIGNATURE DATE

It is the policy of Mount St. Mary's University not to discriminate on the basis of race, color, national or ethnic origin, political or religious opinion or affiliation, age, sex or handicapping condition in the recruitment of admission of students, or in the administration of the University's educational policies, admissions policies, scholarship and athletic programs, and other University administered activities and programs. The compliance officer at Mount St. Mary's University for Title IX and section 504 of the Rehabilitation Act of 1973 is Mrs. Pauline Engelstätter, Vice President for University Affairs (301.447.5600).