

## ADMISSION PROCESS

We are delighted you are considering Mount Mercy University. The Mount Mercy community prides itself on the individual accomplishments of its students, and we recognize that our students come from a variety of backgrounds and life experiences. Your application will help us learn more about you. Please take time to fully describe your achievements and abilities. We read each application carefully, and we look forward to reviewing yours soon.

#### ADMISSION CHECKLIST

| A c | ompleted Freshman admission file includes:                                          | A completed Transfer admission file includes:                                                                                                                   |            |
|-----|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
|     | Application for admission                                                           | ☐ Application for admission                                                                                                                                     |            |
|     | Official standardized test scores  ACT School Code is 1340  SAT School Code is 6417 | ☐ Official transcript from all previous colleges attended                                                                                                       |            |
|     | Official high school transcript                                                     | <ul> <li>Official high school transcript or equivalence</li> <li>ONLY if you have not earned an associate or higher from an accredited college or un</li> </ul> | tes degree |
|     | Official transcript from any college where courses were taken                       | or myner from an accreancea conege or an                                                                                                                        | uversity.  |

# Please send your completed application to:

Office of Admissions Mount Mercy University 1330 Elmhurst Drive NE Cedar Rapids, Iowa 52402-4797

You may also apply to Mount Mercy online at www.mtmercy.edu.

Admission to Mount Mercy University is open to all qualified students without regard to race, religion, gender, handicap, age, or national origin.

As provided by the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act of 1998, you are entitled to request and receive a copy of the Annual Security Report for the Mount Mercy University campus. To do so, call 319-363-8213 ext. 1028.

# APPLICATION FOR ADMISSION

| FRESHMAN | ☐ TRANSFER |
|----------|------------|
|----------|------------|

## STUDENT INFORMATION

| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FIRST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                          | M.I.                   | PREFERRED FIRST NAME                                                            |
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| Former Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Dat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e of Birth                                               | _\\_ Social So         | ecurity Number                                                                  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                          |                        |                                                                                 |
| CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STATE                                                    | ZIP CODE               | COUNTY                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Cell Phone ()                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                          |                        |                                                                                 |
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| ENROLLMENT INFORMATI  Fall 20 Winter (Job Learning of the major of | ON  -Term) 20 Spring 20 [ ge major  c(s) of for considering Mount Mercy? (check as a check of check as a check of che | Summer 20_  all that apply)  Activi  Dista  High Size of | □ Full Tim             | Admission Representative Family Attended Location in Cedar Rapids Word of Mouth |
| financial aid regulations.  Do you plan to file the Free Ap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | pplication for Federal Student Aid (FAF) mbursement/remission?  Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FSA) code 0018                                           | 80?                    |                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          | Date of G              | raduation                                                                       |
| AddressNUMBER/BOX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                          |                        |                                                                                 |
| CITY  Name of High School Counsel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STATE                                                    | ZIP CODETel            | COUNTY                                                                          |
| COLLEGE INFORMATION 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | A <u>ll</u> college coursework must be documented.  CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Failure to provi                                         |                        | · ·                                                                             |
| CURRENT AND PAST EXTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | RACURRICULAR AND COMMUNITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | / ACTIVITIES                                             | Please provide additio | nal page if needed.                                                             |

| PLEASE LIST ANY ACTIVITIES,                        | , CLUBS, AND INTRAMURALS YOU <u>f</u>                                                                                                                                                                                           | <u>Plan</u> to partici                | PATE IN AT MOUNT MERCY: Pla                     | ase provide additional p   | age if needed.       |  |  |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------|----------------------------|----------------------|--|--|
|                                                    |                                                                                                                                                                                                                                 |                                       |                                                 |                            |                      |  |  |
| ☐ Are you interested in pa                         | articipating in collegiate sports?                                                                                                                                                                                              | If so, which sp                       | orts?                                           |                            |                      |  |  |
| FAMILY INFORMATION                                 | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                           | Î                                     |                                                 |                            |                      |  |  |
| Family/Guardian Information                        |                                                                                                                                                                                                                                 |                                       | Family/Guardian Information  Full Name  Address |                            |                      |  |  |
| Full Name                                          |                                                                                                                                                                                                                                 | · · · · · · · · · · · · · · · · · · · |                                                 |                            |                      |  |  |
| Address                                            |                                                                                                                                                                                                                                 |                                       |                                                 |                            |                      |  |  |
|                                                    |                                                                                                                                                                                                                                 | 7: 1                                  |                                                 |                            | 7. 1                 |  |  |
|                                                    | Work Phone ()_                                                                                                                                                                                                                  |                                       | City Home Phone ()                              |                            |                      |  |  |
| E-MailHighest Education Level                      | ☐ High School ☐ Son                                                                                                                                                                                                             | ne College                            | E-Mail<br>Highest Education Level               |                            | ☐ Some College       |  |  |
| ☐ Associates Degree                                |                                                                                                                                                                                                                                 | vanced Degree                         | Associates Degree College(s) Attended           |                            | ☐ Advanced Degree    |  |  |
| Please list any brothers or s                      |                                                                                                                                                                                                                                 | <del></del>                           | Conege(s) Attended                              |                            |                      |  |  |
| riease list ally brothers or s                     | NAME                                                                                                                                                                                                                            |                                       | HIGH SCHOOL OR COLLE                            | GRADE LEVEL                |                      |  |  |
|                                                    |                                                                                                                                                                                                                                 | <del></del>                           |                                                 |                            | <del></del>          |  |  |
| Have any members of your f                         | amily or friends graduated from NAME                                                                                                                                                                                            | Mount Mercy? If                       |                                                 | RELATIONSHIP TO YOU        |                      |  |  |
| OPTIONAL INFORMATI                                 | ON This information is volunta                                                                                                                                                                                                  | am and will not                       | ha used in a discriminatory n                   | agnuer or affect admission | an status            |  |  |
| Gender                                             | Marital Status                                                                                                                                                                                                                  | Race / Ethnic                         | •                                               | unner or ujject aamissio   | m suuus.             |  |  |
| Primary Language  ☐ English ☐ Other                | Male   Female   Single   Married   Hispanic or Latino   Yes   No   Please select one or more of the following ethnicities that best describe you.   Native Hawaiian or Other Pacific Island   Asian   Black or African American |                                       |                                                 |                            |                      |  |  |
| Religious Affiliation<br>If you would like Mount I | Mercy to be aware of any specia                                                                                                                                                                                                 | al accommodati                        | ons you require, please descr                   | ribe them:                 |                      |  |  |
| If parents are separated or                        | divorced, with which parent ar                                                                                                                                                                                                  |                                       |                                                 |                            |                      |  |  |
| DISCIPLINARY HISTO                                 | _                                                                                                                                                                                                                               | e ) ou m/mg                           |                                                 |                            |                      |  |  |
|                                                    | ted to disciplinary action by an                                                                                                                                                                                                | y high school, c                      | ollege, or university that resu                 | ılted in probation, susp   | ension, or dismissal |  |  |
|                                                    | cted of a misdemeanor, felony, o                                                                                                                                                                                                | or other crime, o                     | other than a minor traffic vio                  | lation? Yes 1              | Йo                   |  |  |
| •                                                  | question, please explain the circu                                                                                                                                                                                              |                                       |                                                 |                            |                      |  |  |
|                                                    | vingly withholding information<br>on at Mount Mercy. With this i                                                                                                                                                                |                                       |                                                 |                            |                      |  |  |
| Applicant Signature                                |                                                                                                                                                                                                                                 |                                       |                                                 | Date                       |                      |  |  |
| OFFICE USE ONLY  SOURCE OF APPLICA                 | ITION                                                                                                                                                                                                                           | DATE                                  | OF APPLICATION RECEIVED                         |                            | ADMISSION DECISION   |  |  |