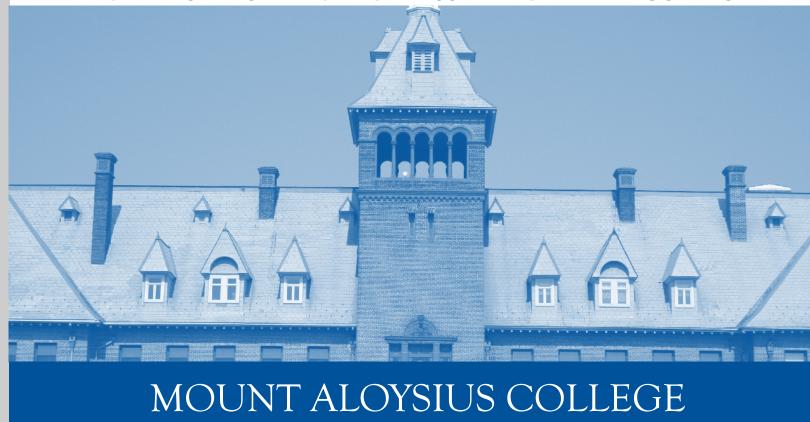


7373 ADMIRAL PEARY HWY. CRESSON, PA 16630

WWW.MTALOY.EDU | 814-886-6406 | 888-823-2220

APPLICATION FOR Undergraduate Off-Campus and Online Programs



THE HORIZON IS JUST YOUR STARTING LINE



Office of Graduate and Continuing Education Admissions

Mount Aloysius College 7373 Admiral Peary Highway Cresson, PA 16630-1999

814-886-6406 888-823-2220 ext. 2

gce@mtaloy.edu www.mtaloy.edu

Financial Aid Code: 003302

GENERAL INSTRUCTIONS AND INFORMATION

All applicants must complete this application and submit a \$30.00 (non-refundable) application fee. Applicants will need to provide an official high school transcript and official colelge transcripts from all educational institutions attended (as applicable). Specific admission requirements for individual programs can be obtained by contacting the Office of Graduate and Continuing Education Admissions.

SCHOLARSHIPS AND FINANCIAL AID

Students wishing to obtain Federal and/or State financial aid to help finance their degree at Mount Aloysius College must complete the Free Application for Federal Student Aid (FAFSA) on a yearly basis. The application is available on their website: http://www. fafsa.ed.gov/. Advising on how to fund your expenses and all necessary forms can be obtained by visiting or calling the Financial Aid Office at (814) 886-6357 or toll-free at 888-823-2220.

Note: Students taking less than six (6) credits are not eligible lege will transfer for a bachelor's degree. for financial aid.

TRANSFER COURSES

All course work completed at other institutions of higher learning will be reviewed on a case-by-case basis for transferability to Mount Aloysius College. Only courses with a letter grade of C or better will be reviewed for transferability. A maximum of forty (40) credits which are comparable to those offered by Mount Aloysius college will transfer for an associate's degree. A maximum of ninety (90) credits which are comparable to those offered by Mount Aloysius Col-







APPLICATION FOR UNDERGRADUATE OFF-CAMPUS AND ONLINE PROGRAMS

Enrollment terms	: □ Fall 20	□ Spring 20	□ Summer 20	_
Program:	□ Associate of Scie □ Online □ Associate of Scie □ Blended For Bl	nce in Business Admining nce in Early Childhood ormat nce in Information Technormat nce in Medical Imaging nce in Business Administration Technormat nce in Information Technormat nce RN to BSN (Degree Donat Not Dentat No	stration Education hnology Radiography (DuBois) stration (Degree Completion nnology (Degree Completion Completion Program)	n Program)
Status:	Part-time(fewer than 12 credits)	Full-time	
	INFORMATIO			
Full legal name:	Last	First		_ MI
Maiden name		Preferred name		
Mailing address:				
Number and St	rreet			
City, State, Zip				. <u></u>
County				
Permanent Adda	ress (if different fro	m above):		
Number and St	reet			. <u></u>
City, State, Zip				
County				
Home phone nur	mber ()			
Cell phone numb	oer ()			
_				
E-mail				
□ Male □ Fema	ıle			
Are you an Arme	d Forces Veteran?	□ Yes □ No		
Are you currently	a member of a rese	erve unit? Yes	No	
Will you be receive	ving Armed Forces	educational benefits?	□ Yes □ No	
Are you a United	States citizen? □	Yes □ No		
Емрипум	ENT INFORMA	ATION		





EDUCATIONAL BACKGROUND

List below, in chronological order, the name of every high school, preparatory school, college, university or other post-high school program in which you have been enrolled. All such institutions must be reported. Please request the school attended send official transcripts to the Office of Graduate and Continuing Education.

School Name	Location	Dates Attended (From/To)	Degree Awarded		
School Name	Location	Dates Attended (From/To)	Degree Awarded		
School Name	Location	Dates Attended (From/To)	Degree Awarded		
School Name	Location	Dates Attended (From/To)	Degree Awarded		
Test Scores					
For Medical Imaging - Rac of high school less than fiv		You must submit SAT I and ACT college	ge board scores if you have been out		
SAT: Taken when?	Scores: SAT Verbal:	SAT Math:			
ACT Talan and an?	Scores:				

						*	*		
	□ Other								
certify that this information	on is true and comp	olete to the best of m	y knowledge. F	alsification of in	formation of	n this applicati	ion could jeopar	dize accepta	ance
nd enrollment. Lauthorize	any schools and col	leges I have previousl	ly attended to re	elease personal a	nd academic	information to	Mount Alovsius	College, F	urthe

Ethnic Background: □ American Indian/Alaskan-Native □ Asian/Pacific Islander □ Black/Non-Hispanic □ Hispanic □ White/Non-Hispanic

I certify that this information is true and complete to the best of my knowledge. Falsification of information on this application could jeopardize acceptance and enrollment. I authorize any schools and colleges I have previously attended to release personal and academic information to Mount Aloysius College. Furthe I agree that my college grades may be used for statistical studies.

Application Fee

☐ Enclosed is the non-fundable \$30 application fee made payable to Mount Aloysius College to process my application.

I am paying by: \Box Check \Box Cash \Box Credit Card \Box Visa \Box Mastercard \Box AMEX \Box Discover

□ Presbyterian □ Roman Catholic □ Other _

Name on Card ______ Exp. Date _____ Signature (as it appears on card) _____

Applicant's Signature ______ Date ______

Mount Aloysius College strictly prohibits and does not tolerate discrimination against any person on the basis of age, ancestry, color, disability or handicap, national origin, race, religious creed, gender, or veteran status

in the administration of its admissions and employment practices, educational policies, financial aid, scholarship and loan programs, athletics or any other College administered program.

Any person with limited language skills will be eligible for assistance in language skills from the College upon request. The College will provide such assistance to assure that any person with limited English language

skills will not have language act as a barrier either to admission or to participation in programs of the College.

Inquiries or requests for information regarding civil rights or grievance procedures, should be directed to the Vice President for Student Affairs, the College's designated Title IX and Section 504 Coordinator, at the

2 Office of Student Affairs, Cosgrave Center, 7373 Admiral Peary Highway, Cresson, PA 16630. Tel: (814) 886-6472.

If you have questions or need information regarding specific accommodation(s), including physical access to campus facilities, please contact the Office of Student Affairs, Cosgrave Center, at the telephone number or address listed above. Any request(s) for accommodation should be made with as much advance notice as possible in order to provide sufficient time for the College to review and respond in a timely manner.