



MedCentral

COLLEGE OF NURSING

335 Glessner Avenue, Mansfield, OH 44903

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 Phone: 419 520-2600
 Fax: 419 520-2662
 E-mail: admissions@medcentral.edu
 Web site: www.medcentral.edu

APPLICATION FOR ADMISSION

• **Legal Name** _____ **Birth Date** _____ **Social Security Number** _____
Last Suffix (Jr., Sr., etc.) First Middle Month Day Year

• **Mailing Address** Please list all previous names under which you have registered in any educational institution. _____ ()
Last Suffix (Jr., Sr., etc.) First Middle Daytime Phone
 _____ ()
 Home Address _____ Number _____ Street _____ City _____ State _____ Zip _____ Home Phone _____
 _____ ()
 Emergency Contact Name _____ Number _____ Street _____ City _____ State _____ Zip _____ Daytime Phone _____

• **Personal Data**
 1. Country of Citizenship: _____
 2. If you are not a U.S. citizen, check one:
 Non-immigrant. If you hold a visa, indicate type (e.g., F-1, J-1, etc.) _____
 Immigrant. Indicate alien registration number: A _____
 and date you received this number: Month _____ Day _____ Year _____
 Refugee or asylum or other (specify): _____
 and date you received this status: Month _____ Day _____ Year _____
 3. Please check the appropriate area (optional):
 Black, non-Hispanic American Indian or Alaskan native
 Asian or Pacific Islander Hispanic White, non-Hispanic
 4. Sex: Male Female
 5. Place of Birth (City and County): _____
 6. Permanent County of Residence: _____
 7. Permanent State of Residence: _____
 8. Personal Data Info Release: Yes No
If country of citizenship is not U.S.A. please provide a copy of your Visa.

• **Application Information**
 Have you ever submitted an application to MCN? Yes No If yes, Quarter & Year _____
 Have you ever submitted an application to OSU? Yes No If yes, Enrollment Unit _____ Quarter & Year _____
 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). Have you plead guilty to or been convicted of any crime involving drug or alcohol abuse, illegal possession or sale; any felony or misdemeanor involving theft of property; or the physical abuse, battery or neglect of any person? Yes No If yes, applicants are required to provide specific information as to the date and facts of the occurrence by attaching documentation to this application.

• **Previous Educational Information**

Name of Institution (include OSU)	City/State	Dates of Attendance	Degree	Grad. Date	G.P.A.
High School _____	_____	_____ to _____	_____	_____	_____
Post Secondary _____	_____	_____ to _____	_____	_____	_____

 (List additional colleges/universities on separate page.)

• **High School/Options**
 High School Class rank: _____
 ACT Composite Score: _____
 Subscores:
 English: _____
 Math: _____
 Reading: _____
 Sc Reasoning: _____
 References:
 1. _____
 2. _____
 3. _____

Office Use Only. IN Advisor Last Name _____ <input type="checkbox"/> _____ College CED Res _____ Class _____ Rank _____ campus MNS Qtr. _____ Program Approval _____ Adviser/College Office _____	<input type="checkbox"/> Application <input type="checkbox"/> Former Req. <input type="checkbox"/> IUT <input type="checkbox"/> Schedule <input type="checkbox"/> Campus Change <input type="checkbox"/> Name Change
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• **Other Fee Options**
 Health Insurance. Students become automatically insured each quarter through The Ohio State University plan unless they request exemption from health insurance. There is an additional fee for this insurance plan.
 I request exemption from the Student Insurance Program. For exempted students, The Ohio State University assumes no responsibility for changes associated with student illness.
 I'd like additional coverage for my Spouse; Spouse and children; Children;
 I'd like to continue insurance for next quarter when I'm not going to be enrolled.

• **Registration Information**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever registered and paid fees at OSU? If yes, give last qtr. and year attended _____ Major/CAP _____ College/school _____	Office use Only. Date Received _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you requested a transfer from one OSU undergraduate enrollment unit (college, school or division) to another within the past year?	Application Fee <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you resided in Ohio for the past 12 consecutive months?	Resident Fee <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you self-supporting and have you filed an income tax return in Ohio for the past calendar year?	Acceptance Fee <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you financially supported by a person who has resided in Ohio for the past 12 consecutive months and claimed you as a dependent for income tax purposes?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	*Are you a dependent child of a parent (or legal guardian) or a spouse of person who has accepted full-time employment in Ohio?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If male, aged 18-26, have you registered with the selective service? Enter your selective service # _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you presently under suspension or dismissal from any post-high school education program, including Ohio State? If yes, please attach a statement of explanation.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your cumulative point hour ration (CPHR) a 2.00 (C) or higher on a 4.00 scale for all previous college work?	

* If you answered YES to this question, be sure to refer to the Resident Status Requirements.
 Desired college, school or division _____ Desired area of study, major or CAP _____
 Quarter of expected enrollment: Summer (June) Year _____ Autumn (Sept.) Year _____ Winter (Jan) Year _____ Spring (Mar) Year _____

• **Signature**
 I affirm that the information I have provided on this form is complete, accurate and true to the best of my knowledge. If applicable, I authorize each high school and each college or school I have attended to release academic and personal information, as well as my employer to verify my dates of employment. I agree to submit other materials which are required for an admission application. I agree that as a student I will be subject to The Ohio State University Code of Student Conduct and the policies set forth in the MedCentral College of Nursing Student Handbook. I understand that furnishing false or incomplete information on any part of this admission material may result in cancellation of admission or registration or both.

Signature _____ Today's Date _____

HIGH SCHOOL(S) ATTENDED

Name of High School	City/State	() High School Phone	Date/Attended
Name of High School	City/State	() High School Phone	Date/Attended

Date of Graduation _____
Name of H.S. Guidance counselor _____

Have you taken ACT?

Was taken _____ Date _____ Will be taken on _____ Date _____

Have you taken the SAT?

Was taken _____ Date _____ Will be taken on _____ Date _____

COLLEGES AND UNIVERSITIES ATTENDED

Name of Institution	City/State	Dates Attended and/or Degree Earned
Name of Institution	City/State	Dates Attended and/or Degree Earned
Name of Institution	City/State	Dates Attended and/or Degree Earned
Name of Institution	City/State	Dates Attended and/or Degree Earned
Name of Institution	City/State	Dates Attended and/or Degree Earned
Name of Institution	City/State	Dates Attended and/or Degree Earned

Was any one person particularly influential in your decision to apply for admission? If so, who was it, and under what circumstances did you meet? _____

Please list all colleges to which you have applied or plan to apply. _____

Will you be applying for financial aid? Yes No

If yes please file the Free Application for Federal Student Aid (FAFSA) as soon as possible. These forms are available from your guidance counselor or our Financial Aid Office.

My signature affirms that the information presented in my application is correct. I authorize my high school to submit academic and personal information as requested by MedCentral College of Nursing.

Signature _____ Date _____

Please include your \$50.00 Application Fee made payable to MedCentral College of Nursing

Please Note: All sections of this Application should be completed by the student in order for it to be reviewed in a timely manner.

ADMISSION TO MEDCENTRAL COLLEGE OF NURSING

MedCentral College of Nursing attracts motivated students of all ages who expect a demanding and rewarding career in nursing. The College invites and maintains a policy of rolling admission. Specifically, once an applicant completes the application process, the application is reviewed and a decision is made. Students are notified immediately of all admission decisions. Applicants, who wish to apply for financial aid, are encouraged to begin the application for admission process as soon as possible given that eligibility for all MedCentral College of nursing financial aid programs is determined by acceptance.

TRADITIONAL BSN DEGREE PROGRAM

Potential MedCentral College of Nursing students are expected to have been enrolled in a rigorous college preparatory course of study while attending high school to ensure a basic and solid academic foundation to begin the demanding college-level course work. This high school course work should include the following:

4 Years of English

3 Years of math (including Algebra I & II and Geometry)

3 Years of Science (including Biology, Chemistry and Physical Science)

3 years of Social Sciences

Academic Electives: Students should prepare themselves for the rigors of the college academic experience.

Suggested electives would include a foreign language, computer courses, and additional science and math courses.

The Admission and Progression Committee is very interested in the co-curricular activities that each applicant is involved in.

ACCELERATED BSN DEGREE PROGRAM

To be considered for the Accelerated Degree, students must have completed the following:

Bachelor's Degree from an Accredited College or University

Completed Transferable College Course work in the Following Areas:

Biology

Organic Chemistry

Anatomy

Statistics

Microbiology

Biochemistry

Physiology

Ethics

RN TO BSN DEGREE COMPLETION PROGRAM

RN to BSN Completion Program candidates must have a current valid Ohio RN license to be considered for the program.

Students must submit official copies of their transcripts from the college and/or school where they earned their RN degree.

TO APPLY FOR ADMISSION STUDENTS MUST SUBMIT THE FOLLOWING:

Completed Application for Admission

\$50 Application Processing Fee

Official High School, College and/or University Transcripts

HOUSING OCCUPANCY POLICY – 2007-2008 ACADEMIC YEAR

The student housing complex on Marion Avenue is our primary residence. Current MCN apartment residents may be required to relocate with short notice to accommodate Americans with Disabilities act and due to our requirement of having 100% occupancy at all times.

Students are required to maintain occupancy in campus housing during their freshman sophomore, and junior academic years at MedCentral College of Nursing unless authorization is granted to withdraw from college housing. Students must meet at least one of the following criteria to live off campus:

1. Residency with a parent or legal guardian within 20 miles of the campus (ie, the address used for filing taxes and/or used on your FAFSA)
2. Parent or Legal Guardian verification of at-home residency
3. The Student is married
4. The Student is responsible for dependant(s)

5. Student has been identified as having independent student status by the Office of Financial Aid

6. MCN Housing is unavailable

The first time a student applies for housing, he or she is required to pay a non-refundable \$100 housing deposit. All housing fees, including room are non-refundable once the housing contract has been signed. Returning resident students are required to pay a \$50 non-refundable housing deposit at the time of reapplication each year.

The Director of Student Development has the right to review all requests for housing and for students wishing not to reside on campus. Students who live in the residence hall are expected to abide by the housing handbook. Failure to abide by these rules may result in expulsion from the residence hall/college with no refund of fees.

NON-DISCRIMINATORY POLICY

MedCentral College of Nursing admits students to all privileges, programs, and activities generally accorded or made available at the College and does not discriminate on the basis of race, color, national or ethnic origin, religion, gender, sexual orientation, age, non-disqualifying disability, or veteran status in the administration of its admission and educational policies; scholarship and loan programs; athletic programs, hiring, retention and promotion practices, or any other College administered programs.