



Instructions for Applicants:

Answer all questions on the application completely. **(Please print or type.)**

Candidates for admission must complete all applicable portions of this application (pages 2 through the top of page 6). The bottom portion of page 6 and page 7 are to be completed by the individual who is providing Mount Saint Vincent with the Candidate's academic reference.

Enclose the nonrefundable application fee of \$25. Check or money orders should be made payable to College of Mount Saint Vincent. There is a \$25 fee for reactivating an application.

Return completed application to:

Admission Office, College of Mount St. Vincent, 6301 Riverdale Avenue, Riverdale NY 10471-1093 U.S.A.

Freshman Candidate must submit:

- ☐ Completed application and \$25.00 fee
 - ☐ Official high school transcript or GED
 - ☐ Official SAT or ACT scores or TOEFL scores for international students
 - ☐ One or more academic references
-

Freshman Adult Candidate (Age 22 & over) must submit:

- ☐ Completed application and \$25.00 fee
 - ☐ Official high school transcript or GED
 - ☐ Official TOEFL scores where applicable
 - ☐ One or more academic references
-

All Freshmen Candidates:

Application deadlines: The College operates on a rolling admissions system. Applications will be considered as long as space is available, but application before April 1 for fall semester and December 15 for spring semester is recommended with the following special deadlines:

November 15 - For Early Decision candidates

February 1 - For scholarship consideration (All information must be received)

March 15 - For financial aid consideration

Transfer Candidate must submit:

- ☐ Completed application and \$25.00 fee
- ☐ Official transcripts from **ALL** colleges attended
- ☐ A list of courses in progress
- ☐ High School transcript, if fewer than 24 college credits completed
- ☐ One or more references, preferably academic
- ☐ RN State License (RN students only)
- ☐ Official TOEFL scores for non-English speaking students with fewer than 24 U.S. college-level credits.
- ☐ Nursing School Record (RN students only)
- ☐ College Catalogue(s) or Course Descriptions for all course work
- ☐ Financial Aid Transcripts from all other colleges attended, whether or not you received financial aid there.

Application deadlines: Applicants are encouraged to submit their application and supporting documents at least sixty days before the beginning of the semester. All required information must be on file before an admission decision will be made by the Dean.

HEOP:

The Higher Education Opportunity Program is a supportive service program for New York State residents of high academic potential who have been educationally and economically disadvantaged. Applicants must be ineligible for admission based on regular academic standards and must meet specific economic criteria established by the New York State Education Department.

Financial Aid Information:

Title IV Institution Code for the FAFSA-**002703**
New York State TAP Code - **0130**

Questions? Please call the Admissions Office, Monday through Friday, 8:30 a.m. to 5:00 p.m., at (718) 405-3267; outside NY City (800) 665-CMSV (665-2678). E-Mail: admissns@cmsv.edu web site: www.cmsv.edu

Application for Admission

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For office use only

DR _____

FP _____

**Refer to
instructions
before
completing**

Location: ☐ Riverdale Campus ☐ St. Vincent's Medical Center, NYC
(All Majors) (Nursing Majors Only/Commuters Only)

Year of desired entrance _____ ☐ Fall Semester (August) ☐ Spring Semester (January)

<input type="checkbox"/> Male	<input type="checkbox"/> Freshman	<input type="checkbox"/> Resident (live on campus)	<input type="checkbox"/> Full-Time
<input type="checkbox"/> Female	<input type="checkbox"/> Transfer	<input type="checkbox"/> Commuter (live at home)	<input type="checkbox"/> Part-Time

Check if you wish to be considered for:

☐ Early Decision* ☐ Financial Aid (you must submit the FAFSA to the U.S. Dept. of Education and the TAP application if you are a New York State resident.)
☐ RN/BS (for Registered Nurses only)
☐ Off-Site Programs (for Registered Nurses only)

Have you previously applied for admission to CMSV? ____ Yes ____ No If yes, when? _____

*Early Decision application deadline is Nov. 15 with notification by Dec. 15. Candidates agree to enroll at CMSV and withdraw applications to other colleges if admitted under Early Decision.

Name _____
Last First Middle

Please list maiden name under which any former transcripts may be listed: _____

Social Security Number: _____ E-Mail Address: _____

Mailing address _____
Number Street Apt. No.

City State Zip Country (If not U.S.)

Date of Birth (month/date/year) _____ Country of Citizenship _____

Residence Status (if not a U.S. citizen) _____ Visa type and number _____ Country of Birth _____

Telephone Numbers: Home: () _____
Work: () _____
Fax: () _____

The following question is optional and will not be used in consideration of your application for admission.

Please describe yourself:

☐ Asian/Pacific Islander ☐ African American ☐ Multi-Racial
☐ Hispanic ☐ White/Caucasian ☐ Other

Please indicate your tentative choice of major at Mount Saint Vincent. YOUR CHOICE IS NOT BINDING. If you have more than one possibility in mind, number your choices in order of preference. If you are not sure of your choice(s), check "Undecided". You may also indicate a "double major" if so desired.

MAJOR / AREA OF INTEREST:

02 <input type="checkbox"/> Biochemistry	10 <input type="checkbox"/> French	19 <input type="checkbox"/> Philosophy*	27 <input type="checkbox"/> Urban Affairs*
03 <input type="checkbox"/> Biology	11 <input type="checkbox"/> Health Education	20 <input type="checkbox"/> Psychology	28 <input type="checkbox"/> Undecided
04 <input type="checkbox"/> Business	12 <input type="checkbox"/> History	21 <input type="checkbox"/> Physical Education	29 <input type="checkbox"/> Allied Health Studies
05 <input type="checkbox"/> Chemistry	14 <input type="checkbox"/> Liberal Arts	22 <input type="checkbox"/> Physics	31 <input type="checkbox"/> International Studies*
06 <input type="checkbox"/> Communications	15 <input type="checkbox"/> Mathematics	23 <input type="checkbox"/> Religious Studies*	35 <input type="checkbox"/> Exercise Science/ Athletic Training
07 <input type="checkbox"/> Computer Science	16 <input type="checkbox"/> Modern Foreign Languages	24 <input type="checkbox"/> Sociology	
08 <input type="checkbox"/> Economics	17 <input type="checkbox"/> Nursing	25 <input type="checkbox"/> Spanish	
09 <input type="checkbox"/> English		26 <input type="checkbox"/> Special Education	

*Must be combined with a second major field

PROGRAMS OF STUDY (A major must be indicated in addition to any programs of study)

01 <input type="checkbox"/> International Business	06 <input type="checkbox"/> Prephysical therapy
02 <input type="checkbox"/> Predental	07 <input type="checkbox"/> Social Work
03 <input type="checkbox"/> Prelaw	08 <input type="checkbox"/> Criminal Justice
04 <input type="checkbox"/> Premedicine	09 <input type="checkbox"/> Preoccupational therapy
05 <input type="checkbox"/> Teacher Certification (see catalogue)	10 <input type="checkbox"/> Health Care Management

Academic Information

			Dates of Attendance	
High School(s) attended (list most recent school first)			From	To
High School	City	State	Month/Year	Month/Year
High School	City	State	Month/Year	Month/Year

High School from which you will graduate/have graduated: _____

Graduation Date _____ High School CEEB Code Number:

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Name and School Address of your current or most recent guidance counselor/advisor:

Full Name	School Address
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High School Phone Number _____

Have you taken, or are you now taking any Advanced Placement or other college-level courses? ☐ Yes ☐ No

If you answered "yes" above, please forward an official copy of any applicable test results or college transcripts to the Admissions Office as soon as they are available. The Office of Academic Advisement will notify you, prior to registration, of any advanced standing/credit you may be granted.

Transfer Applicants Only

List all colleges/universities you have attended or are now attending.

Institute	City/State	Dates Attended	Credits Completed	Degree Received/ Diploma Expected
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Cumulative Grade Point Average: _____ Current Major _____

Number of credits anticipated upon entering CMSV: _____

Nursing Transfers: Are you now, or will you be a Registered Nurse prior to enrolling at CMSV? ☐ Yes ☐ No

For what reason are you leaving your present college? _____

Are you eligible to return? ☐ Yes ☐ No If no, why not? _____

Are you now, or have you ever been enrolled in a HEOP, EOP, or SEEK program at another college?

☐ Yes ☐ No

Please list your most recent job experience

Position	Employer	Dates of Employment From / To	Hours Per Week

Relatives who have attended Mount Saint Vincent

Name	Class	Relationship to you

Through what sources did you become interested in Mount Saint Vincent?

A <input type="checkbox"/> HS Guidance Counselor	I <input type="checkbox"/> CMSV Publication
B <input type="checkbox"/> CMSV Student	J <input type="checkbox"/> College Guide Book
C <input type="checkbox"/> High School Student	K <input type="checkbox"/> CMSV Admission Officer/ College Information Program
D <input type="checkbox"/> Print Advertisement	L <input type="checkbox"/> Television
E <input type="checkbox"/> Teacher	M <input type="checkbox"/> Friend
F <input type="checkbox"/> CMSV Graduate	N <input type="checkbox"/> CMSV Coach/Athletic Department
G <input type="checkbox"/> Parent/Relative	O <input type="checkbox"/> Radio
H <input type="checkbox"/> College Board Student Search	

To which other colleges are you applying?

Essay/Additional Information

It is recommended that you submit, on a separate sheet of paper, an essay or statement on the topic of your choice.

If there is any additional information about you or special circumstances that you would like to bring to the attention of the Committee on Admission, please describe them in the space below.

I certify that all information contained in this application is true and complete.

Signature of Applicant

Date

Signature of person responsible for payment of fees

Date

The College of Mount Saint Vincent does not discriminate against any applicant for admission to the College because of race, sex, color, creed, age, national origin, alienage, citizenship, religion, sexual orientation, disability or marital status. Admission to the College of Mount Saint Vincent is based solely upon the applicant's qualifications and ability to meet educational requirements.

Please return the completed form and the application fee to:

**Admissions Office
College of Mount Saint Vincent
6301 Riverdale Avenue, Riverdale, NY 10471-1093 U.S.A.**

Reference Report

To the Applicant:

In an effort to get to know you better, we ask that you have this form completed by someone who knows you well, preferably through an academic context, such as your guidance counselor or advisor. In addition to this reference, you may submit references from instructors, employers or others you feel could provide us with some insight into your qualifications to attend Mount Saint Vincent.

By giving this form to the person whom you wish to write a reference, you release him/her to give a recommendation in confidence to the College.

NOTE: parts 4 and 5 should be completed by high school guidance personnel only

Name of Applicant _____
Last First Middle

Social Security # _____

High School _____ Intended Major _____

Recommendation/ Evaluation

1. How long, how well, and in what capacity have you known the applicant?

2. For Academic Respondents Only:

a) On the basis of your experience with students, please rate the applicant in terms of academic skills and potential:

Ability for written expression
Ability for oral expression
Overall intellectual ability
Independence and initiative
Motivation towards college studies
This person's promise as a student
Involvement in classroom activities

Below Average	Average	Above Average	Superior	Truly Outstanding

b) Summary Evaluation: Taking into consideration the applicant's academic strengths and weaknesses, and the student's intended major field of study, please estimate the applicant's potential for success in college studies:

☐ Little chance for success
☐ May encounter some difficulty
☐ Average

☐ Above Average
☐ Superior

c) Specific recommendation:

☐ Highly recommended
☐ Recommended
☐ Not recommended for CMSV

☐ Prefer not to make a recommendation
☐ School policy precludes recommendation

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3. Please continue your evaluation of the applicant with any additional comments you feel would be helpful. In particular, any information that might not be evident from the transcript would be greatly appreciated. This could include circumstances that may have affected the student's academic performance (e.g. family situation, serious illness, etc.) or evidence of special talents, accomplishments, and achievements.

4. Guidance Personnel Only:

Does your school rank students? ☐ Yes ☐ No

If yes, this student ranks _____ in a class of _____ students after _____ semesters.

5. Please attach an official transcript to this form and return it to: Admissions Office, College of Mount Saint Vincent, 6301 Riverdale Avenue, Riverdale, NY 10471-1093 U.S.A.

Thank you.

Return this form to:
Admissions Office of
the College of Mount
Saint Vincent
6301 Riverdale Avenue
Riverdale, NY 10471-1093
U.S.A.

EVALUATOR: Please fill in the lines below.

Name (print) _____

Title _____

Signature _____ Date _____

College/High School or Organizational Name _____

CEEB Code:

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Phone number where you can be reached: () _____
