Traditional Four Year Program, Advanced Placement Program (APP) and Second Degree Accelerated Program (SDAP)

Evaluation of college transcripts will be provided prior to application for a $25 non-refundable fee for any program listed below. A check or money order made payable to Mount Carmel College of Nursing must accompany the request form.

The prospective student requesting the transcript evaluation must contact each college/university attended to request an official transcript be sent to MCCN. No copies or faxed transcripts will be accepted. Once received, transcripts become the property of Mount Carmel College of Nursing.

Results of the evaluation will be returned within four weeks after receiving all of the official college/university transcripts.

ANTICIPATED PROGRAM OF ENROLLMENT (See College website, www.mccn.edu, for program information.)

☐ Traditional Four Year Program
☐ Advanced Placement Program (APP) – begins in May
☐ Second Degree Accelerated Program (SDAP) – Traditional 13-month program. Begins in January only.
☐ Second Degree Accelerated Program-Hybrid (SDAP-H) – 18-month program. Begins in August or January

Have you previously applied to Mount Carmel College of Nursing?

☐ No   ☐ Yes (If you answered yes, what year did you apply?) _____

Please print information in the form below:

LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER: _____

_____
LAST NAME   PREVIOUS NAME(S) if any

_____
FIRST NAME   MIDDLE NAME   SUFFIX (e.g.. Jr., II)

_____
ADDRESS

_____
APARTMENT NUMBER   P.O. BOX NUMBER

_____
CITY   STATE   ZIP

_____
EMAIL ADDRESS

_____
HOME PHONE   CELL PHONE

COMMENTS/QUESTIONS
Please place any comments or questions you might have regarding your transcript evaluation.

_____
_____
_____
_____
_____
_____

COLLEGE/UNIVERSITY TRANSCRIPT INFORMATION:

Please complete the following for every college/university you are attending, have attended and/or graduated from. Transcripts must be received from every college/university before a transcript evaluation can be completed.

Note: Transcripts from colleges outside of the United States must be evaluated by World Education Services (WES) and the WES evaluation sent to MCCN for consideration.

Institutions (Please list all)	City /State	First-Last Years of Attendance	Degree Earned
_____	_____ / _____	_____ - _____	_____
_____	_____ / _____	_____ - _____	_____
_____	_____ / _____	_____ - _____	_____
_____	_____ / _____	_____ - _____	_____
_____	_____ / _____	_____ - _____	_____

COURSE ENROLLMENT:

Please list all courses you are currently taking and/or plan to take before your planned semester of enrollment at Mount Carmel College of Nursing.

If you plan to take courses prior to enrollment,
which College/University will you attend?_____

Course Number (ex: Bio 101)	Title of Course (ex: Intro to Biology)	Credit Hours	Quarter (Q) Semester (S) (Fall-S-2010)	College-University Name (ex: Empire College)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you have any questions about the transcript evaluation or admission process, please visit our website at www.mccn.edu, e-mail us at admissions@mccn.edu or call us at 614-234-4CON or 800-556-6942.

The Office of Recruitment & Admissions is open Monday through Friday between 9:00 a.m. and 5:00 p.m.

Correspondence should be mailed to:

MOUNT CARMEL COLLEGE OF NURSING
OFFICE OF ADMISSIONS
127 SOUTH DAVIS AVENUE
COLUMBUS, OH 43222

I understand that the transcript evaluation in no way guarantees acceptance to Mount Carmel College of Nursing or any of the College's programs and only serves as a preliminary evaluation of potential transfer credit.

Signature (Required):_____ Date: _____