



Marian Court College

TWO LIFE-CHANGING YEARS

APPLICATION FOR ADMISSION

Please complete **both** sides of the application and submit to:

Marian Court College • Office of Admissions • 35 Little's Point Road • Swampscott, MA 01907
PHONE: 781-309-5200 • **FAX:** 781-309-5286 • **WEB:** mariancourt.edu • **E-MAIL:** info@mariancourt.edu

PERSONAL INFORMATION

Name _____

Address _____
STREET CITY STATE ZIP

Phone Number _____ Cell Phone Number _____

Social Security Number _____ Birth Date _____ / _____ / _____

E-mail addresses _____

ENROLLMENT PLANS

DAY Sept. _____ Jan. _____
year year

EVENING Sept. _____ Nov. _____ Jan. _____ April _____ June _____
year year year year year

DEGREE CERTIFICATE

Type of Applicant:

First time college student Transfer student Previous Marian Court student Marian Court graduate seeking readmission

Intended Program of Study: _____
(Please refer to enclosed literature or website for a list of majors.)

To what other colleges are you applying? _____

Relatives who have attended Marian Court: _____

How did you first hear about Marian Court College?

- Alumna Guidance Counselor/ Teacher
 Friend Mailing
 Current Marian Court student the Web

Advertisements

- Television Newspaper Radio
 Other (please specify)

SECONDARY SCHOOL INFORMATION

High School(s) Attended	City/State	Dates of Attendance	Graduation Year

Activities _____

Name of Guidance Counselor (if applicable) _____ Check here if you have a GED

COLLEGE INFORMATION

College/University	City/State	Dates of Attendance	Graduation Year

EMPLOYMENT INFORMATION

Are you currently employed? _____ Hours per week _____ Employer _____

Company Address _____ Phone Number _____

EMERGENCY CONTACT INFORMATION (Please list two contacts.)

Contact Name 1: _____

Address _____

Phone Number _____ Cell Phone Number _____

Relationship to you: _____

Contact Name 2: _____

Address _____

Phone Number _____ Cell Phone Number _____

Relationship to you: _____

OPTIONAL:

Ethnic Background:

- White, Anglo, Caucasian Non-Hispanic Black Non-Latino Other (please specify) _____
- Hispanic Asian/Pacific Islander
- Latino Native American

Gender: Male Female

REQUIRED SUPPORTING MATERIAL (We will contact you if this information is not included with your application.)

- A copy of your high school transcript or GED (and college transcript, if applicable)
- A personal interview will be scheduled with you when we have received the materials listed above.

I certify that the above information is true and complete to the best of my knowledge.

Signature _____ Date _____