

ASSOCIATE'S TO BACHELOR PROGRAM

Application for Admission

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> BA to BS BUS ADM | <input type="checkbox"/> BAC to BSGS BA | <input type="checkbox"/> CJCD to BSGS CJ | <input type="checkbox"/> CJL to BSGS CJ |
| <input type="checkbox"/> GS to BSGS AE&T | <input type="checkbox"/> GS to BSGS CJ | <input type="checkbox"/> HS to BSGS HS | <input type="checkbox"/> LA to BSGS AE&T |
| <input type="checkbox"/> LA to BSGS BA | <input type="checkbox"/> LA to BSGS CJ | <input type="checkbox"/> LAS to BSGS AE&T | <input type="checkbox"/> LAS to BSGS BA |
| | | | <input type="checkbox"/> NU to SN |

APPLICATION CHECKLIST

- Official transcripts from all accredited colleges you have attended, whether or not you are seeking transfer or credits
- Completed Application for Admission
- Military Students: include your military transcript

Please have all materials in the application checklist sent to:

Department of Graduate &
Professional Studies
Saint Joseph's College of Maine
278 Whites Bridge Road
Standish, ME 04084

PERSONAL INFORMATION

Name: _____
Last First Middle Previous Name

MWCC Student ID: _____ Social Security Number: _____

Date of Birth ____/____/____ Place of Birth: _____

Home Address: _____
Number & Street P.O. Box

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Business Phone: (_____) _____

Email Address: _____

Military Student: Yes No Branch: _____ Location: _____

Emergency Contact / Name: _____

Relationship to Student: _____ Phone Number : (_____) _____

Are you a U.S. Citizen? Yes No

If no, Resident Status: _____ Country of Citizenship: _____

Mount Wachusett Community College, 444 Green Street, Gardner, MA 01440, 978.630.9321, www.mwcc.edu/3PlusONE

Application for Admission

EDUCATIONAL INFORMATION

High School Name: _____ Year of Graduation: _____

Address: _____
Number & Street

City: _____ State: _____ Zip Code: _____

List the name, location and dates of attendance of all accredited colleges/universities you have attended.

(Please have official transcripts for all schools listed sent to the department of Graduate & Professional Studies, whether or not you are seeking transfer credit.)

College/University Name Earned	Location (City, State)	Dates of Attendance	Credits Earned	Credentials/Degrees Earned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you previously registered for classes at Saint Joseph's College of Maine? Yes No If yes, when? _____

Have you previously applied for admission to Saint Joseph's College of Maine? Yes No If yes, when? _____

How did you hear about the 3 Plus ONE program? _____

INFORMATION FOR ADMISSION

Term Beginning / Year: _____ Fall Spring Summer

Source of Tuition Funds:

Personal Company Reimbursement Veterans Benefits-Chapter _____ Financial Aid Other _____

EMPLOYMENT INFORMATION – if applicable

Current Employer: _____

Address: _____
Number & Street

City: _____ State: _____ Zip Code: _____

Position: _____ Length of time with employer: _____

Applicant's signature: _____ Date: _____

Saint Joseph's College admits students without regard to race, color, religion, national or ethnic origin, gender, sexual orientation, age, or disability to all the rights, privileges, programs and activities generally accorded or made available to students at the College. The College does not discriminate on the basis of race, color, religion, national or ethnic origin, gender, sexual orientation, age, or disability in administration of its educational policies, admission policies, scholarship and loan programs, athletic, and other school administered programs.