

From Potential to **Achievement**

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MOUNT

# IDA

college

APPLICATION FOR ADMISSION

## Mount Ida College Highlights

*History:* Founded in 1899

*Character:* Private, co-educational undergraduate and graduate institution

*Location:* Newton, Massachusetts; 8 miles (13 km) from downtown Boston

*Campus:* 72-acre suburban setting

*Enrollment:* Approximately 1,460 full- and part-time students from more than 25 states and 25 countries

*Academic Profile:* Master degrees, Bachelor degrees, associate degrees and minors in more than 30 areas of study

*Faculty:* Approximately 220 full- and part-time faculty; student: faculty ratio of 14:1

*Academic Support:* Tutoring in skills and content areas, specialized support programs for students with documented learning disabilities, English as a Second Language

*Athletics:* NCAA Division III, intramural programs

### Expenses

Basic expenses for 2009-2010 academic year:

Tuition	\$ 23,100
Room & Board	\$ 11,450
Student activities fees	\$ 235
Total (does not include books, travel, etc.)	\$ 34,785

### Financial Aid

With the right tools and proper planning, a Mount Ida College education is affordable and accessible to all students. Need-based and merit-based aid including scholarships, grants, loans and work-study are available for qualified students. \$8.6 million in institutional aid was awarded for the 2008-2009 academic year.

Accredited by the New England Association of Schools and Colleges (NEASC). Individual programs accredited by specific associations. See College Catalog or visit our Web site at [www.mountida.edu](http://www.mountida.edu) for details.

### Application Checklist

Please complete all 10 steps of the application form. Submit your application with a \$45.00 application fee along with the following required official documents to the Office of Admissions:

- An official transcript from your high school (or a copy of your GED); freshmen applicants also forward senior grades
- Official SAT or ACT scores (if not included on your transcript)
- A minimum of one recommendation (from guidance counselor, teacher or employer)
- Applicant essay (approximately 300-500 words)
- Official transcripts from each college attended accompanied by course descriptions (if applicable)
- A copy of a TOEFL or IELTS score (if English is not the native language spoken)
- A Declaration of Financial Support, and an official current bank statement (for international students only)

Be sure to keep a copy of your application and this checklist for your records.

Please visit the Mount Ida College Web site for updates and further details relating to applying for admissions.

**Step 1 Personal Information**GENDER:  Male  Female

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH MONTH/DAY/YEAR \_\_\_\_\_ E-MAIL \_\_\_\_\_

LAST NAME, FAMILY NAME, SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

PERMANENT ADDRESS: NUMBER AND STREET \_\_\_\_\_ APARTMENT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE (OR COUNTRY) \_\_\_\_\_ ZIP (OR POSTAL CODE) \_\_\_\_\_ PHONE NUMBER (WITH AREA CODE) \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): NUMBER AND STREET \_\_\_\_\_ APARTMENT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE (OR COUNTRY) \_\_\_\_\_ ZIP (OR POSTAL CODE) \_\_\_\_\_ PHONE NUMBER (WITH AREA CODE) \_\_\_\_\_

CELL PHONE NUMBER (WITH AREA CODE) \_\_\_\_\_ FAX NUMBER (WITH AREA CODE) \_\_\_\_\_ PREFERRED METHOD OF CONTACT (E-MAIL, PHONE, FACEBOOK ETC.) \_\_\_\_\_

COUNTRY OF BIRTH \_\_\_\_\_ COUNTRY OF CITIZENSHIP \_\_\_\_\_

ETHNICITY (optional):  African American/Non-Hispanic  Native American/Alaskan  Asian/Pacific Islander

Hispanic  White/Non-Hispanic  Other (please specify)

NON-U.S. CITIZENS MUST COMPLETE: \_\_\_\_\_

Do you hold a current Visa?  Yes  No What kind?  F-1  B-1  Other \_\_\_\_\_

Do you hold an alien registration card? (If yes, please submit a photo copy of the card with your application.) \_\_\_\_\_

 Yes  No Green Card number: \_\_\_\_\_Is English your native language?  Yes  No If no, my native language is: \_\_\_\_\_

FOR BUSINESS USE ONLY: \_\_\_\_\_

CHECK/MONEY ORDER # \_\_\_\_\_ AMOUNT \_\_\_\_\_ COUNSELOR \_\_\_\_\_

## Step 2 Enrollment Plans

PLEASE INDICATE YOUR ENROLLMENT PREFERENCE:

- Fall Semester (year) \_\_\_\_\_  
or  
 Spring Semester (year) \_\_\_\_\_
- Freshman and/or  
 Transfer
- Full-time  
or  
 Part-time

- DO YOU PLAN TO LIVE ON CAMPUS?  Yes, I plan to be a resident.  No, I plan to commute.
- DO YOU PLAN TO APPLY FOR FINANCIAL AID?  Yes  No

INTENDED MAJOR (see lists below):

FIRST CHOICE

SECOND CHOICE

BACHELOR DEGREE MAJORS:

American Studies	Computer Animation	Funeral Home Management	Liberal Studies
Applied Forensic Science	Criminal Justice	General Studies (transfer students)	Management
Bereavement Studies	English	Graphic Design	Psychology
Biology	Equine Management	Hospitality Management	Sport Management
Business Administration	Fashion Design	Human Services	Undecided
Child Development (with teacher licensure option in early childhood education)	Fashion Merchandising & Marketing	Interior Design	Veterinary Technology

ASSOCIATE DEGREE MAJORS:

Dental Hygiene (fall only)	Funeral Service	Individualized Studies	Veterinary Technician
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CERTIFICATE PROGRAMS:

Small Business Management (1 year program for international students only)

THE LEARNING OPPORTUNITIES PROGRAM

The Learning Opportunities Program (LOP) is a fee-based support program for students with documented learning disabilities. Candidates for the program must submit diagnostic evaluations, which describe a specific learning disability, including sub-test scores of the Wechsler Adult Intelligence Scale-Revised (WAIS-R) administered within 3 years of application. Your request for information will be forwarded to the Learning Opportunities Coordinator.

- Yes, I am interested in applying to the Learning Opportunities Program. Please send me additional information and an application.

THE LEARNING CIRCLE PROGRAM

Funded by the U.S. Department of Education, this program provides free individual academic coaching, a community support network, and social and cultural activities to students who meet federal guidelines for eligibility. Eligibility includes: first generation in their family to pursue a bachelor degree; and/or they have taxable incomes within a prescribed range; or they have a documented disability.

- Yes, I am interested in learning more about The Learning Circle Program. Please send me additional information and an application.

## Step 3 Athletics

Please indicate which of the following varsity sports you are interested in playing. Please note: All varsity athletes must be enrolled in a bachelor degree program.

- |   |  |  |   |
|---|--|--|---|
| <input type="radio"/> Basketball (men)      | <input type="radio"/> Equestrian Team (IHSA women) | <input type="radio"/> Soccer (women)   | <input type="radio"/> Volleyball (men)    |
| <input type="radio"/> Basketball (women)    | <input type="radio"/> Football (men)               | <input type="radio"/> Soccer (men)     | <input type="radio"/> Volleyball (women)  |
| <input type="radio"/> Cheerleading (co-ed)  | <input type="radio"/> Lacrosse (men)               | <input type="radio"/> Softball (women) | <input type="radio"/> Club Baseball (men) |
| <input type="radio"/> Cross Country (women) | <input type="radio"/> Lacrosse (women)             | <input type="radio"/> Tennis (women)   | <input type="radio"/> Intramural Sports   |

## Step 4 School Information

HIGH SCHOOL NAME \_\_\_\_\_ CEEB CODE \_\_\_\_\_ YEARS OF ATTENDANCE \_\_\_\_\_ YEAR OF GRADUATION \_\_\_\_\_

ADDRESS: NUMBER AND STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE (OR COUNTRY) \_\_\_\_\_ ZIP (OR POSTAL CODE) \_\_\_\_\_

GUIDANCE PHONE (WITH AREA CODE) \_\_\_\_\_ E-MAIL \_\_\_\_\_ GUIDANCE COUNSELOR \_\_\_\_\_

HAVE YOU EVER ATTENDED COLLEGE?       Yes       No      If yes, please list all colleges and dates attended:

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Please arrange to have official transcripts and course descriptions sent from all colleges attended whether or not you are seeking transfer credit.

HAVE YOU TAKEN THE SAT?       Yes (date taken)       No (when do you plan on taking?) \_\_\_\_\_

HAVE YOU TAKEN THE ACT?       Yes (date taken)       No (when do you plan on taking?) \_\_\_\_\_

HAVE YOU TAKEN THE TOEFL?       Yes (date taken)       No (when do you plan on taking?) \_\_\_\_\_

HAVE YOU TAKEN THE IELTS?       Yes (date taken) \_\_\_\_\_

HAVE YOU EVER BEEN DISMISSED, SUSPENDED, OR EXPELLED FROM AN INSTITUTION FOR ANY REASON?       Yes       No

Failure to answer this question may impact your receiving a decision in a timely manner. If yes, please explain: \_\_\_\_\_

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Note: Transfer students may be asked to provide evidence that they are in good standing and eligible to return to their current college or university.

## Step 5 Extracurricular Information

Please list your extracurricular activities in the space below; you may attach an additional sheet if needed. Transfer students, please list any current activities/experiences; your resume may be included.

Are you currently employed? Yes/No, If yes, where? Position held? \_\_\_\_\_

Have you received any awards (school, city, club, scholarship, etc.)? \_\_\_\_\_

Are you involved in student clubs, organizations, or extracurricular activities – Yes/No, If yes, please explain \_\_\_\_\_

Are you involved in community service activities – Yes/No, If yes, please explain \_\_\_\_\_

Have you held any leadership or officer positions in any activities? Yes/No, If yes, please explain \_\_\_\_\_

Are you a member of FBLA-PBL? Yes/No \_\_\_\_\_

## Step 6 Applicant Essay

On a separate page, please submit an essay or personal statement describing your future plan, and how Mount Ida College will help you to achieve them. Make sure to write about past academic successes and struggles (in either high school or college), extracurricular involvement, leadership positions held, and awards received. Please be complete and thorough as the application essay is used in the admission decision process.

## Step 7 Family Information (optional for independent students)

MOTHER'S NAME \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

ADDRESS: NUMBER AND STREET \_\_\_\_\_ APARTMENT # \_\_\_\_\_

ADDRESS: NUMBER AND STREET \_\_\_\_\_ APARTMENT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE (OR COUNTRY) \_\_\_\_\_ ZIP (OR POSTAL CODE) \_\_\_\_\_

CITY \_\_\_\_\_ STATE (OR COUNTRY) \_\_\_\_\_ ZIP (OR POSTAL CODE) \_\_\_\_\_

CODE) \_\_\_\_\_

\_\_\_\_\_

HOME TELEPHONE (WITH AREA CODE) \_\_\_\_\_ E-MAIL \_\_\_\_\_

HOME TELEPHONE (WITH AREA CODE) \_\_\_\_\_ E-MAIL \_\_\_\_\_

PLACE OF EMPLOYMENT/POSITION HELD \_\_\_\_\_

PLACE OF EMPLOYMENT/POSITION HELD \_\_\_\_\_

HIGHEST DEGREE COMPLETED:  H.S. DIPLOMA  ASSOCIATE  BACHELORS  GRADUATE/PROFESSIONAL

HIGHEST DEGREE COMPLETED:  H.S. DIPLOMA  ASSOCIATE  BACHELORS  GRADUATE/PROFESSIONAL

Are you the first person in your family to attend college? Yes/No

DO YOU CURRENTLY HAVE SIBLINGS ENROLLED IN COLLEGE OR WILL BE ENROLLED AT THE SAME TIME AS THE APPLICANT? YES/NO, IF YES, PLEASE COMPLETE THE GRID BELOW:

SIBLING NAME	INSTITUTION	ANTICIPATED GRADUATION DATE

PLEASE HAVE ANY COMMUNICATIONS DIRECTED TO PARENTS MAILED TO:  Parents Jointly  Mother's Address  Father's Address

## Step 8 Other Applications

IS MOUNT IDA COLLEGE YOUR FIRST CHOICE?  Yes  No  Undecided To which other colleges are you applying?

## Step 9 Terms for Admission

In signing this application, I am certifying that all the information I have provided is accurate and correct to the best of my knowledge. I am stating that I agree to accept the terms, conditions and regulations set forth in the Mount Ida College Catalog (accessible on our Web site). Mount Ida has permission to use my image for College publications, both printed and electronic.

SIGNATURE OF STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN IF STUDENT IS UNDER 18 \_\_\_\_\_ DATE \_\_\_\_\_

## Step 10 Transcript/Recommendation Request

**First Year Students:** Please fill in your name, Social Security number and sign below. Tear off this form and present it along with the small envelope provided to your high school guidance counselor. **Transfer Students:** Please use this form to request high your high school records. You must also submit a letter of recommendation relevant to your most recent academic and/or professional situation.

LAST NAME, FAMILY NAME, SURNAME FIRST NAME MIDDLE INITIAL SOCIAL SECURITY NUMBER

ADDRESS: NUMBER AND STREET CITY STATE (OR COUNTRY) ZIP (OR POSTAL CODE)

I request that you complete this form and send it with an official copy of my transcript to:

Mount Ida College • Office of Admissions • 777 Dedham Street • Newton, MA 02459 USA • Phone: 617-928-4553 • Fax: 617-928-4507 • E-mail: admissions@mountida.edu

SIGNATURE OF STUDENT DATE

TO THE HIGH SCHOOL GUIDANCE COUNSELOR: Please provide the following information in addition to the student's transcript and your school profile.

Thank you in advance for your help in processing this student's application for admission to Mount Ida College.

Transfer students will need to submit a more current or relevant recommendation letter.

COUNSELOR'S NAME NAME OF SCHOOL CEEB NUMBER

ADDRESS: NUMBER AND STREET CITY STATE (OR COUNTRY) ZIP (OR POSTAL CODE)

GUIDANCE PHONE (WITH AREA CODE) E-MAIL STUDENT'S EXPECTED DATE OF GRADUATION CUMULATIVE G.P.A. (PLEASE USE A 4.0 SCALE)

NUMBER OF SEMESTERS OF WHICH G.P.A. IS INDICATIVE RANK IN CLASS TOTAL NUMBER OF STUDENTS IN CLASS

SAT SCORES (IF NOT ON HIGH SCHOOL TRANSCRIPT) CRITICAL READING MATH WRITING DATE TAKEN (OR TO BE TAKEN)

ACT SCORES (IF NOT ON HIGH SCHOOL TRANSCRIPT) SCORE DATE TAKEN (OR TO BE TAKEN) TOEFL SCORES (FOR STUDENTS FOR WHOM ENGLISH IS NOT NATIVE LANGUAGE)

RATINGS:	SUPERIOR	GOOD	AVERAGE	POOR	UNKNOWN	COMMENTS
SCHOLARSHIP						
RELIABILITY						
LEADERSHIP						
CHARACTER						
MOTIVATION						
COOPERATION						
CONSIDERATION FOR OTHERS						
RESILIENCE						
COMMITMENT						
SUPPORT FROM OTHERS FOR ACADEMIC PLANS						

PLEASE INDICATE YOUR PREDICTION OF ACADEMIC SUCCESS FOR THIS STUDENT IN COLLEGE:

Superior  Above Average  Average  Fair  Poor

COUNSELOR'S SIGNATURE DATE

