



## GRADUATE ADMISSIONS APPLICATION SIGNATURE FORM

Dear Applicant,

In order to process your application for admission to Mercy College, you must complete this signature form. Please print this form and fill in all required information. Once complete, you may mail it with your application fee to:

Mercy College  
Admissions Processing  
555 Broadway  
Dobbs Ferry, NY 10522

If you have already submitted your application fee, and have access to a fax machine, you may fax this form to the Admissions Processing Department at (914) 674-7017.

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### APPLICANT INFORMATION

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Name (printed): \_\_\_\_\_  
Last Name First Name MI

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*(International Applications Please Leave Blank)*

Permanent Address: \_\_\_\_\_  
Street Box/Apt. Number  
\_\_\_\_\_  
City State Zip/Postal Code Country

Home Telephone: \_\_\_\_\_ Other Telephone: \_\_\_\_\_  
 Cell  Business

E-Mail Address (optional): \_\_\_\_\_  
 Personal  Business

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All information contained herein is true and complete to the best of my knowledge. I fully understand and agree to the terms and conditions stated in the Mercy College graduate catalog, including the completion of prerequisites prior to admission.

If you register, never attend class, or do not officially withdraw, you maintain full responsibility for full tuition payment. Should it be necessary to place a delinquent account with a collection agency, all fees, including reasonable attorneys' fees, become the responsibility of the student.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_