



901 West Park Ave St 201
 Ocean, NJ 07712
 (732) 695 – 1190
 admin@mcinj.edu

Application for Enrollment

All prospective students are required to complete this form as part of the admissions process. Completion of this application does not guarantee acceptance into the selected program. MCI does not discriminate on the basis of gender, handicap, race, color, creed, age, marital status, national or ethnic origin.

Program of Interest: DMS CVT ST SPT MA

Program Schedule*: Day (Monday – Thursday 8:30AM – 2:00 PM) Evening (Monday – Thursday 4:30PM – 9:30PM)

**Clinical placement is at any affiliated site in New Jersey. The schedule may include weekends, evenings and holidays.*

First Name: _____ **M.I.** _____ **Last Name:** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Date of Birth: _____ **SSN:** _____ **Gender:** Male Female X

Phone Number: _____ **Email:** _____

The data below is required by the U.S. Department of Education:

Race and Ethnicity: Are you Hispanic or Latino? Yes No

Select one or more of the following races:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Citizenship: US Citizen Eligible Noncitizen Noncitizen

Marital Status: Single Married Separated Divorced

Are you currently employed? Yes No

If yes, are you working: Full-time Part-time

High-School/GED:				Grad Year:
Trade School:		Major:		Grad Year:
College:		Major:		Grad Year:
Foreign Degree:		Major:		Grad Year:

First time at a Postsecondary School? Yes No

First time enrolling at MCI? Yes No

Healthcare Work Experience? Yes No If yes, specify: _____

Program Funding: Financial Aid (Pell Grants/Student Loans) Unemployment Grant GI Bill Payment Plan

Emergency Contact: _____ **Number:** _____ **Relationship:** _____

By signing below, I hereby certify that the information provided is true and accurate to the best of my knowledge. I understand that the submission of any false information may result in a dismissal from the school. In addition, I understand that upon my enrollment, I have to abide by the policies and regulations of MCI Institute of NJ.

Name

Signature

Date

Admissions Office Use Only

Recommended Program: _____

Accepted: _____ **Not Accepted:** _____

Administrator Signature

Notes: