

TRANSFER APPLICATION

INSTRUCTIONS FOR COMPLETING THE TRANSFER APPLICATION

We are delighted with your decision to apply for admission to Mercer University. This application is for admission into the traditional daytime program. There are special applications for students who are entering the United States under an F-1 Visa and students applying for the Extended Education Program. These applications can be requested from the appropriate office. Any additional information that you feel would be helpful in the review of your application would be welcomed by the University. We are here to assist you. If you have questions about any of Mercer's programs or the admissions process, please write, call or e-mail the Office of University Admissions.

APPLICATION/FEE

Complete the application and return it to the Office of University Admissions, Mercer University, with a nonrefundable \$50 application fee.

TRANSCRIPT(S)

Request that your official high school and/or college/university transcript(s) be sent to the Office of University Admissions, Mercer University. High school transcripts are required only if 30 or less semester college credits have been earned. All college transcripts are required.

DISABILITIES

For any disability-related questions, please contact the Office of Student Support Services at (478) 301-2686.

CAMPUS VISIT

All applicants are encouraged to visit Mercer to meet with an admissions counselor and tour the campus. Call (800) 840-8577 or (478) 301-2650 to set up an appointment.

ALL CORRESPONDENCE SHOULD BE ADDRESSED TO:

Office of University Admissions
Mercer University
1400 Coleman Avenue
Macon, Georgia 31207-0001



OFFICE OF UNIVERSITY ADMISSIONS
1400 Coleman Avenue • Macon, Georgia 31207
(478) 301-2650 or (800) 840-8577 • FAX: (478) 301-2828
www.mercer.edu/admissions • admissions@mercer.edu

Mercer University is committed to providing equal education and employment opportunity to all qualified students, employees and applicants, without discrimination on the basis of race, color, national or ethnic origin, sex, age or disability, as a matter of University policy and as required by applicable state and federal laws (such as Title IX and Section 504). Inquiries concerning this policy may be directed to the Equal Opportunity/Affirmative Action Officer, Diane Baca, Human Resources Office, Mercer University.

APPLICATION FOR TRANSFER ADMISSION

PERSONAL INFORMATION *(Please print or type)*

Name _____
LAST FIRST MIDDLE PREFERRED NAME

Social Security #: _____ Place of Birth _____ Date of Birth: ____/____/____

Permanent Address _____
NUMBER & STREET CITY COUNTY STATE ZIP CODE

Mailing Address _____
NUMBER & STREET CITY COUNTY STATE ZIP CODE

If mailing address is different from permanent address, give inclusive dates: From ____/____/____ to ____/____/____

Phone #: _____ E-Mail _____
HOME CELL OTHER

Hometown Newspaper _____ City _____ State _____

Citizenship: U.S. Citizen International Student (F-1 Visa Required) Resident Alien/Permanent Resident, Registration #: _____

Gender (optional): Male Female

Ethnic Origin (optional): American Indian or Alaskan Native Black, African-American Hispanic
 Asian or Pacific Islander Caucasian, Non-Hispanic Other _____

Religious Preference (optional): Baptist Episcopal Jewish Methodist Presbyterian
 Buddhist Hindu Lutheran Muslim Roman Catholic Other _____

Marital Status (optional): Single Married

ENROLLMENT INFORMATION

My application is for enrollment in: Fall 20 ____ Spring 20 ____ Summer 20 ____

Classification: Full-Time Part-Time Non-Degree Seeking Transient

University Residence: On-Campus Commuter

Have you ever applied for admission at Mercer? Yes, Term _____ Year _____ No

Have you ever been enrolled at Mercer? Yes, Term _____ Year _____ No

How did you find out about Mercer? Direct Mail College Fair Internet Friend Guidance Counselor/Teacher
 High School Visit Church/Pastor Relative Alumni Other _____

UNDERGRADUATE COLLEGES & MAJORS

Please select one of the following colleges/schools: College of Liberal Arts Eugene W. Stetson School of Business & Economics
 Tift College of Education Georgia Baptist College of Nursing (Atlanta, call (678) 547-6800)
 School of Engineering (*Minimum 550 Math-SAT score or 24 Math-ACT score recommended.*)

Please check one of the major areas of undergraduate study you wish to pursue:

COLLEGE OF LIBERAL ARTS:

- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> Undecided | <input type="checkbox"/> Communication & Theatre Arts | <input type="checkbox"/> German | <input type="checkbox"/> Journalism | <input type="checkbox"/> Physics* |
| <input type="checkbox"/> African American Studies | <input type="checkbox"/> Computer Science* | <input type="checkbox"/> Greek | <input type="checkbox"/> Latin | <input type="checkbox"/> Political Science |
| <input type="checkbox"/> Art | <input type="checkbox"/> Drama & Theatre | <input type="checkbox"/> History | <input type="checkbox"/> Mathematics* | <input type="checkbox"/> Program in Leadership & Community Service |
| <input type="checkbox"/> Biology* | <input type="checkbox"/> Economics | <input type="checkbox"/> Individualized | <input type="checkbox"/> Music - Education | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Chemistry* | <input type="checkbox"/> English | <input type="checkbox"/> Information Science & Technology* | <input type="checkbox"/> Music - Performance | <input type="checkbox"/> Sociology |
| <input type="checkbox"/> Christianity | <input type="checkbox"/> Environmental Science* | <input type="checkbox"/> International Affairs | <input type="checkbox"/> Music - Sacred Music | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Classical Studies | <input type="checkbox"/> French | | <input type="checkbox"/> Philosophy | |

EUGENE W. STETSON SCHOOL OF BUSINESS & ECONOMICS: Managed Academic Path to Success (MAPS)

SCHOOL OF ENGINEERING:

- | | | | | |
|--|--|---|--|---|
| <input type="checkbox"/> Undecided* | <input type="checkbox"/> Computer Engineering* | <input type="checkbox"/> Environmental Engineering* | <input type="checkbox"/> Industrial Engineering* | <input type="checkbox"/> Mechanical Engineering* |
| <input type="checkbox"/> Biomedical Engineering* | <input type="checkbox"/> Electrical Engineering* | <input type="checkbox"/> Environmental Systems* | <input type="checkbox"/> Industrial Management* | <input type="checkbox"/> Technical Communication* |

TIFT COLLEGE OF EDUCATION:

- Undecided Early Childhood Education Middle Grades Education
- Teacher Education Certification: __ Art __ English __ Foreign Languages __ Mathematics* __ Music __ Science* __ Social Science

PRE-PROFESSIONAL PROGRAMS:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Pre-Dentistry* | <input type="checkbox"/> Pre-Medicine* | <input type="checkbox"/> Pre-Pharmacy* | <input type="checkbox"/> Pre-Veterinary Medicine* |
| <input type="checkbox"/> Pre-Law | <input type="checkbox"/> Pre-Nursing* | <input type="checkbox"/> Pre-Theology | |

* *Minimum 550 Math-SAT score or 24 Math-ACT score recommended.*

SCHOOLS ATTENDED

Beginning with the most recent, list all high schools attended. Also list any college dual enrollment programs. Use additional paper if needed.

High School _____	NAME	CITY, STATE	DATES ATTENDED	GRADUATION DATE
College _____	NAME	CITY, STATE	DATES ATTENDED	GRADUATION DATE
College _____	NAME	CITY, STATE	DATES ATTENDED	GRADUATION DATE
College _____	NAME	CITY, STATE	DATES ATTENDED	GRADUATION DATE

STUDENT INVOLVEMENT & LEADERSHIP

List all extracurricular, community and family activities in the order of interest to you. Use additional paper if needed.

Activity _____	YEARS PARTICIPATED	POSITIONS HELD AND/OR HONORS WON
Activity _____	YEARS PARTICIPATED	POSITIONS HELD AND/OR HONORS WON
Activity _____	YEARS PARTICIPATED	POSITIONS HELD AND/OR HONORS WON

FAMILY INFORMATION

Mr. Dr. Rev. Father/Guardian _____
NAME ADDRESS IF DIFFERENT FROM PERMANENT ADDRESS

Occupation _____ Business Phone #: _____
POSITION EMPLOYER

College Attended _____

Ms. Mrs. Dr. Rev. Mother/Guardian _____
NAME ADDRESS IF DIFFERENT FROM PERMANENT ADDRESS

Occupation _____ Business Phone #: _____
POSITION EMPLOYER

College Attended _____

Your parents/guardians are: Married Separated Divorced Widowed

If not living with both parents, with whom do you make your permanent home? _____

If married, spouse's information _____
FULL NAME

Occupation _____ Business Phone #: _____
POSITION EMPLOYER

Relatives that have attended Mercer University:

NAME	RELATION	YEAR OF GRADUATION/DEGREE/SCHOOL
NAME	RELATION	YEAR OF GRADUATION/DEGREE/SCHOOL

OTHER COLLEGES

Please list other colleges to which you are applying:

1. _____ 2. _____ 3. _____

I certify that this information is true and complete to the best of my knowledge. Falsification of information on this application could jeopardize acceptance and enrollment. I authorize any colleges I have previously attended to release personal and academic information to Mercer University.

Signature _____ Date _____

Mail this application and a nonrefundable \$50 application fee to the Office of University Admissions,
Mercer University, 1400 Coleman Avenue, Macon, Georgia 31207-0001.

