



# MOUNT OLIVE COLLEGE

TRANSFORMING EDUCATION.  
TRANSFORM YOUR LIFE.

### Indicate location you will attend

- MOC at Mount Olive
- MOC at New Bern
- MOC at RTP
- MOC at Washington
- MOC at Wilmington

### Indicate Application Status

- New
- Re-admission

### Indicate Program of Interest

- Business Administration:  
Management & Organizational Development
- Criminal Justice and Criminology
- Early Childhood Education
- HealthCare Management
- Management of Information Systems
- Modular Religion Major
- Heritage Plus (Associate Degree)
- General Education/ Electives
- Watts
- Other

### Applying for Financial Aid?

- Yes  No

For Office Use Only:

PC # \_\_\_\_\_

Y/T/S \_\_\_\_\_

Cohort # \_\_\_\_\_

Trans Hrs \_\_\_\_\_

# APPLICATION FOR ADMISSION NONTRADITIONAL

Please answer all questions and send to the Office of Admissions at the Mount Olive College location you wish to attend. Every application is given personal attention.

## Personal

Mr./ Mrs./Ms./Miss

Full Name \_\_\_\_\_  
(First) (Middle) (Last) (Former Name) (Name You Use)

Physical Address \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

*SSN is required if the applicant will be filing for any type of financial aid.*

Sex  Male  Female E-mail Address \_\_\_\_\_

\*Ethnicity: Are you Hispanic or Latino?  Yes  No

*Hispanic/Latino: Mexican, Puerto Rican, Cuban, Central or South American or other Spanish origin or culture, regardless of race.*

\*Race: Please select one or more of the following racial categories:

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

US Citizen?  Yes  No If no, native language: \_\_\_\_\_ Citizenship \_\_\_\_\_

Veteran?  Yes  No If yes, what branch? \_\_\_\_\_ Active Military?  Yes  No

\*Religious Preference \_\_\_\_\_ Home Church \_\_\_\_\_ Member  Yes  No

Present Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Job Title/Position \_\_\_\_\_

Will you receive tuition reimbursement through your employer?  Yes  No  Other \_\_\_\_\_

Marital Status?  Single  Married  Widowed  Separated  Divorced

Did your Father attend college?  Yes  No  Graduate Mother?  Yes  No  Graduate

*\*The information is voluntary and will be used in a nondiscriminatory manner.*

## Secondary Education

High School \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Graduation Date \_\_\_\_\_ Counselor \_\_\_\_\_ GED  Yes  No

**How have you hear about Mount Olive College?**

- Newspaper
- Letter
- TV
- Radio
- Employer
- Church
- Friend
- Postcard
- Materials in Mail
- Web Page
- Billboard
- Other \_\_\_\_\_

**What is your career goal?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I have:**

- completed every question on this application
- asked my high school guidance office to send my official transcript to the appropriate Mount Olive College location.
- asked the registrars at all previously attended colleges to send my official transcripts to the appropriate Mount Olive College location.

**Mail to:**

Office of Admissions at

**Mount Olive**  
 634 Henderson Street  
 Mount Olive, NC 28365  
 (919) 658-2502 • (800) 653-0854

**New Bern**  
 2131 S. Glenburnie Road  
 Suite 6, South Market Square  
 New Bern, NC 28562  
 (252) 633-4464 • (800) 868-8479

**RTP**  
 Post Office Box 12142  
 Research Triangle Park, NC  
 27709-2142  
 (919) 941-2970 • (888) 258-5188

**Washington**  
 4525 Hwy 264 W  
 Washington, NC 27889  
 (252) 940-0146 • (866) 316-1757

**Wilmington**  
 1838 Sir Tyler Drive, Suite 100  
 Wilmington, NC 28405  
 (910) 256-0255 • (800) 300-7478

**Post-secondary Education**

Please list other colleges, universities, or technical schools attended (attach additional pages if needed). Ask the registrar of each college to send copies of official transcripts to the MOC location you plan to attend.

College \_\_\_\_\_ Degree \_\_\_\_\_ Dates attended \_\_\_\_\_

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**Relatives**

Please list relatives who are attending or who have attended Mount Olive College.

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Attended MOC \_\_\_\_\_

Address \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Attended MOC \_\_\_\_\_

Address \_\_\_\_\_  
 (Street) (City) (State) (Zip)

**Important Questions**

Have you ever been convicted of any charges other than a minor traffic violation?

- No  Yes (If yes, please explain on a separate sheet.)

Have you previously applied for admission to Mount Olive College?

- No  Yes If yes, please indicate what year and program? \_\_\_\_\_

*I certify that all items on this application are answered correctly and completely. I understand that providing false or incomplete answers may disqualify me from admissions to or terminate my enrollment at Mount Olive College. I understand it is my responsibility to notify Mount Olive College promptly if there is any change in the above information prior to or after my enrollment.*

Print Name \_\_\_\_\_ Date \_\_\_\_\_

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

Mount Olive College does not discriminate on the basis of race, color, national, or ethnic origin, sex, age, or handicap in the administration of its personnel and educational policies. It admits all qualified students of any race, color, national, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students.

**Individuals requiring special accommodations should contact the location where they plan to enroll for assistance.**

**Comments: If there is more information you would like to provide, please use this space:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_