



Office of Registration and Records
2139 Auburn Avenue
Cincinnati, Ohio 45219
Phone: 513-585-0365
Fax: 513-585-3448

Non-Degree Seeking Student Application

Today's date: _____

When do you plan to enroll? Year _____ Term _____

BIOGRAPHICAL INFORMATION

Legal Name: _____
Last/Family First Middle (complete) Jr. etc gender

All other name(s) under which documents may be received: _____

Mailing address: _____ Telephone (s) Home: _____

City: _____ Cell: _____

State: _____ Zip: _____ E-mail address: _____

Social Security Number: _____ Date of Birth: _____

Have you previously applied for admission to The Christ College of Nursing and Health Sciences?

Yes No If yes, what year? _____

OPTIONAL INFORMATION

This information is voluntary and refusal to provide it will not subject you to any adverse treatment. It will be kept confidential and will be used only in accordance with Title VI of the Civil Rights Act of 1964.

Gender: Female Male

Marital Status: Single Married

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Race: American Indian/Alaska Native Asian Black African American Native Hawaiian/Other Pacific Islander White Other

PREVIOUS INSTITUTIONS

High School from which you are enrolling: _____ State Where Located: _____

Graduation Year: _____

Previous College/University: _____ Dates: Attended: _____

Degree Earned(s): _____

Previous College/University: _____ Dates: Attended: _____

Degree Earned(s): _____

ADDITIONAL INFORMATION

If you will be under 18 years of age when entering The Christ College of Nursing and Health Sciences, please complete the following:

Parent(s) name(s) or legal guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: () _____ Cell phone: () _____

Email _____

DISCIPLINARY INFORMATION

Since 9th grade, have you been disciplined at a school you have attended for academic or behavioral misconduct? (Disciplinary actions could include, but are not limited to: probation, suspension, removal, dismissal, or expulsion.)

Yes No If yes, on a separate sheet, please give the approximate date of each incident, explain the circumstances, and reflect on what you learned from the experience.

Have you ever been found guilty or convicted of a misdemeanor, felony, or other crime?

Yes No If yes, on a separate sheet, please give the approximate date of each incident, explain the circumstances, and reflect on what you learned from the experience.

SIGNATURE

I certify that the information, which I have provided, is true and accurate to the best of my knowledge. As a non-degree student, I will abide by all the rules, regulations, practices and policies of The Christ College of Nursing and Health Sciences as they may be at the time of admission or as they may be changed during my continuation as a student.

Please return application

By fax, scan and email, regular mail, or in person:

The Christ College of Nursing and Health Sciences
Office of Registration and Records
2139 Auburn Ave
Cincinnati, OH 45219
(Fax): 513-585-3448
Scan and email to: susan.mack@thechristcollege.edu

Signature

Date

The Christ College of Nursing and Health Sciences is committed to a policy of nondiscrimination on the basis of race, color, creed, national origin, ethnicity, age, gender, marital status, sexual orientation, veteran status, disability or economic status in the administration of its educational policies, admission policies, scholarship and loan programs and athletic and other school-administered programs.

The policy of the school not to discriminate on the basis of sex or disability is in compliance with Title IX of the 1972 Education Amendments and Section 504 of the Rehabilitation Act of 1973, respectively.