



In partnership with



Mount Wachusett  
Community College

3 plus  
ONE

A TO B  
ASSOCIATE'S  
TO BACHELOR'S  
PROGRAM

Transfer the credits from your A.S. in Business Administration – Transfer to a B.S.B.A.

ASSOCIATE'S TO BACHELOR'S PROGRAM

## Application for Admission

### APPLICATION CHECKLIST

- Official transcripts from your high school and all accredited colleges you have attended, whether or not you are seeking transfer of credits
- Completed Application for Admission
- Military Students: include your military transcript

**Please have all materials in the application checklist sent to:**

Department of Graduate and  
Professional Studies  
Nichols College  
P.O. Box 5000  
Dudley, MA 01571-5000

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle Previous Name

Social Security No.: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month Day Year

Home Address: \_\_\_\_\_  
Number & Street P.O. Box

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Military Student:  Yes  No Branch: \_\_\_\_\_ Location: \_\_\_\_\_

**Emergency Contact / Name:** \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No

If no, Resident Status: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Continued on Side Two

# Application for Admission

## EDUCATIONAL INFORMATION

High School Name: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Address: \_\_\_\_\_

Number & Street

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If you are not a high school graduate, do you have a General Equivalency Diploma (GED)?  Yes  No

(Please have an official copy of this diploma forwarded to the Department of Graduate and Professional Studies.)

List the name, location and dates of attendance of all accredited college/universities you have attended.

(Please have official transcripts for all schools listed sent to the Department of Graduate and Professional Studies, whether or not you are seeking transfer credit.)

College/University Name	Location (City, State)	Dates of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you previously registered for classes at Nichols College?  Yes  No If yes, when? \_\_\_\_\_

Have you previously applied for admission to Nichols College?  Yes  No If yes, when? \_\_\_\_\_

How did you hear about the *A to B Program*? \_\_\_\_\_

### INFORMATION FOR ADMISSION

Anticipated start of your third year of study at MWCC: Year \_\_\_\_\_  Fall  Spring

#### Source of Tuition Funds:

Personal  Company Reimbursement  Veterans Benefits  Financial Aid  Other \_\_\_\_\_

## EMPLOYMENT INFORMATION – if applicable

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Number & Street

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position: \_\_\_\_\_

Length of time in position: : \_\_\_\_\_ Length of time with employer: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nichols College offers admission without regard to color, race, creed, national origin, age, religion, veteran status or disability, and follows guidelines for records established by the Family Educational Rights and Privacy Act (1974.) Nichols does not discriminate with respect to "educational" decisions including, but not limited to, those bearing on admissions.