



Friend of the Mount Form

TO THE RECOMMENDER:

To better serve the Mount community, the undergraduate Admission Office requests this form be completed to better identify these unique candidates in the applicant pool. This form will provide important information to the Admission Committee during the admit process and allow you, the recommender, an opportunity to provide additional information for the student's file. This form will also ensure that these unique applicants are visible to all areas of the College during the admission process. Please note, the final decision regarding Admission to Mount St. Mary's College lies with the Director of Admission and the appropriate Nursing Committees.

RECOMMENDER NAME: _____ **DATE:** _____

APPLICANT NAME: _____ **APPLICANT TERM:** FALL 20____

APPLICANT CONTACT INFORMATION: _____ **SPRING**

Please provide us with the following information:					Age (if known): _____
Address: _____					
City, State, Zip: _____					
Phone: _____			Email: _____		
School: _____			Major: _____		
Program:	First Year	Transfer	Transfer BSN	AD.N	ABSN

RELATION:

Please provide your relation to the student or knowledge of the connection to the Mount:

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Talented Prospect | <input type="checkbox"/> Relative | <input type="checkbox"/> Personal Friend | <input type="checkbox"/> Acquaintance |
| <input type="checkbox"/> Alum Legacy | <input type="checkbox"/> Institutional Advancement | <input type="checkbox"/> | <input type="checkbox"/> Other |

Please define the connection below for our reference:

Additional Notes
