



Waived  
Application  
Fee

Automatic  
Consideration  
For Up to \$10K in  
Scholarships

Flexible Online and  
In-Person Course  
Formats Offered

## TRANSFER STUDENT EXPRESS APPLICATION

Please email your completed application  
to [admissionstransfer@molloy.edu](mailto:admissionstransfer@molloy.edu).

**A**

### PERSONAL INFORMATION

FIRST NAME MIDDLE INITIAL LAST NAME

ADDRESS, SUITE/APARTMENT

CITY STATE POSTAL CODE

EMAIL

( ) ( )  
HOME PHONE CELL PHONE

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female

Social Security Number (required only if filing the FAFSA):

( \_\_\_\_ - \_\_\_\_ - \_\_\_\_ )

### COLLEGE PLANS

I wish to enter Molloy College in the:

- Fall of 2020  
 Spring of 2021

Enrollment Status:

- Full time  
 Part time

Intended major:

\_\_\_\_\_  
or select a different major from one  
of Molloy's 40+ academic majors  
(listed on the back of your letter)

**B**

### EDUCATION INFORMATION

#### College Information

COLLEGE NAME

#### High School Information

HIGH SCHOOL NAME GRADUATION DATE

### SUPPLEMENTARY INFORMATION

#### Citizenship

I am a:  U.S. Citizen or U.S. National  U.S. Dual Citizen  U.S. Permanent Resident/or Refugee

If you are not a U.S. citizen, specify country of citizenship.

Are you a United States Veteran?  Yes  No

Will you be eligible for veterans tuition benefits through yourself, spouse, or parent?  Yes  No

Will you be requesting financial aid?  Yes  No

**DEMOGRAPHICS (OPTIONAL)**

Are you Hispanic/Latino (including Spain)?  Yes  No

If you are Hispanic/Latino, please describe your background.

Regardless of your answer to the prior question, please indicate how you identify yourself. (Check one or more.)

- American Indian or Alaska Native (including all Original Peoples of the Americas)  Native Hawaiian or Other Pacific Islander (Original Peoples)
- Asian (including Indian Subcontinent and Philippines)  White (including Middle Eastern)
- Black or African American (including Africa and Caribbean)

Religious Preference: \_\_\_\_\_

Under Title VI of the Civil Rights Act of 1964, this ethnic background information is required for the compliance report of institutions of higher education and is not used for admission purposes. Molloy College's Office of Admission does not discriminate on the basis of race, color, ethnicity, national origin, religion, creed, sex, age, marital status, parental status, physical disability, learning disability, political affiliation, veteran status, or sexual orientation.

**COMPLETED BY ALL APPLICANTS**

Are you currently working for a Molloy business partner and applying for a tuition discount through your employer?  Yes  No

If yes, please select your employer.

- |   |  |
|---|--|
| <input type="checkbox"/> Broadridge Financial Services          | <input type="checkbox"/> Nassau University Medical Center (NUMC) |
| <input type="checkbox"/> Catholic Health Services               | <input type="checkbox"/> Not Applicable                          |
| <input type="checkbox"/> EdAssist                               | <input type="checkbox"/> PSEG Long Island                        |
| <input type="checkbox"/> Hauppauge Industrial Association (HIA) | <input type="checkbox"/> ProHealth                               |
| <input type="checkbox"/> Nassau County                          | <input type="checkbox"/> Suffolk County                          |
| <input type="checkbox"/> Nassau County Police                   | <input type="checkbox"/> Town of Hempstead                       |

Have you ever been expelled or academically dismissed from school?  Yes  No

Have you ever been convicted of a felony?  Yes  No

**REVIEW YOUR APPLICATION**

**Recheck application to see that all information is complete and correct.**

**Request that all required high school/college records be sent directly to the Office of Admissions from each issuing institution.**

I certify that all items on this application are answered correctly and completely. I understand the incomplete information, or the withholding of information, may disqualify me from admission to Molloy College or may later be the basis for my withdrawal or dismissal. All credentials submitted in support of this application become the property of Molloy College and are not returnable.

I understand that certain fields of study may require me to submit to a background check.

**I agree to the terms above.**

**Academic Honor Pledge:**

As a member of Molloy College, Catholic and Dominican in tradition, I dedicate myself to the ideals of truth, scholarship, and justice. I pledge to demonstrate personal and academic integrity in all matters. I promise to be honest and accountable for my actions and to uphold the Honor System to better myself and those around me. I will refrain from any form of academic dishonesty or deception.

I also hereby certify that all the information I have provided in this application is true and complete to the best of my knowledge.

Your Signature \_\_\_\_\_

Date \_\_\_\_\_

**Office of Admissions | Molloy College**

1000 Hempstead Ave., P.O. Box 5002

Rockville Centre, NY 11571-5002

516.323.4000 | admissionstransfer@molloy.edu