



**COMMON APPLICATION SUPPLEMENT**

Please check appropriate box:  Freshman  Transfer

**STUDENT INFORMATION**

Name: \_\_\_\_\_  
First Name Last Name Middle Initial

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

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

County (PA residents only): \_\_\_\_\_

Home Phone: ( ) - Social Security #: - - Date of Birth: / /

E-mail: \_\_\_\_\_

Have any members of your immediate family graduated from Mercyhurst College?  Yes  No  
(Please list names and dates attended)

\_\_\_\_\_  
First Name Last Name Relationship Year of Graduation

\_\_\_\_\_  
First Name Last Name Relationship Year of Graduation

\_\_\_\_\_  
First Name Last Name Relationship Year of Graduation

**SPECIAL INTERESTS**

Are you a participant of the SAGE Tuition Rewards Program?  Yes  No

Do you plan to apply for Tuition Exchange?  Yes  No

If yes, with what institution are you affiliated? \_\_\_\_\_

**ACADEMIC INTERESTS**

Please indicate your choice of major [please select **one** major and one concentration (if applicable)]:

\_\_\_\_\_

**APPLICATION SUPPLEMENT INSTRUCTIONS**

Mercyhurst College does not charge a fee for the electronic submission of your Common Application and supplement. If you prefer to mail the Supplement, please submit the paper Common Application *and* Supplement, along with your \$30 application fee (only for paper applications) to the address listed below.

Thank you very much for submitting this Common Application Supplement.

**Mercyhurst College  
Office of Admissions  
501 East 38th Street  
Erie, PA 16546  
[www.mercyhurst.edu](http://www.mercyhurst.edu)**