



## Application for Study Abroad

### Part A

#### 1. Agent Details

I hereby nominate the below Agent to submit this application to Mercy College on my behalf including all necessary documents, and to act as my representative for all future correspondence.

Name of agent	<b>GOstralia!-GOmerica!</b>
Office	<input type="checkbox"/> Stuttgart <input type="checkbox"/> Koeln <input type="checkbox"/> Berlin/Hamburg

#### 2. Personal Details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mx
First name	
Last name	
Middle name(s)	
Gender	<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> _____
Date of birth	____/____/____ (dd/mm/yyyy)
Email address	
Contact phone number	(+____)

#### 3. Contact Agreement and Terms of Use

Mercy College may communicate with me by mail, email, phone or text message about my account and other information relevant to the admission application process	<input type="checkbox"/> Yes
By checking this box, I represent that I have read, understood and agreed to the terms and conditions of the <a href="#">Terms of Use</a> and <a href="#">Privacy Policy</a>	<input type="checkbox"/> Yes

#### 4. European Union Data Protection

Are you currently located in a EU country, Iceland, Lichtenstein, Norway or Switzerland?	<input type="checkbox"/> Yes (please read and sign below) <input type="checkbox"/> No, _____
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**In order to continue using the Mercy Application from within the E.U., you must agree to all of the following. You can review these agreements at any time from the Account Maintenance screen.**

- I consent to the The Mercy website's use of small files stored on your computer, known as cookies, that help the service remember your settings and ensure the website works properly. I consent to The Mercy Application's use of cookies. If I am under the age of 16, I confirm that my parent or legal guardian has also consented to this same data transfer. I understand that I will have the right to withdraw this consent at any time by contacting The Mercy Application at [privacy@mercy.edu](mailto:privacy@mercy.edu) but doing so will prevent me from continuing to use the Mercy Application service.

- I consent to the transfer of my personal data out of the EU and to The Mercy Website located in the United States. If I am under the age of 16, I confirm that my parent or legal guardian has also consented to this same data transfer. I understand that I will have the right to withdraw this consent at any time by contacting The Mercy Website at [privacy@mercy.edu](mailto:privacy@mercy.edu) but doing so will prevent me from continuing to use the Mercy Application service.
- I consent to the transfer of my personal data out of the EU to Liaison International located in the United States for the purposes of aggregate data analysis as disclosed in the Mercy Website Privacy Policy. If I am under the age of 16, I confirm that my parent or legal guardian has also consented to this same data transfer. I understand that I will have the right to withdraw this consent at any time by contacting The Mercy Website at [privacy@mercy.edu](mailto:privacy@mercy.edu) but doing so will prevent me from continuing to use the Common Application service.
- I consent to the collection of personal data related to my race, religion, ethnicity, gender identity, sexual orientation and the transfer of that data, as well as any and all medical documentation required by the College, including immunization records, out of the EU to the Mercy Website and the colleges to which I am considering for application in order for those colleges to process my application for admission. If I am under the age of 16, I confirm that my parent or legal guardian has also consented to this same data transfer. I understand that I will have the right to withdraw this consent at any time by contacting The Mercy Website at [privacy@mercy.edu](mailto:privacy@mercy.edu) but doing so will prevent me from continuing to use the Mercy Application service.
- I consent that if I have opted to be contacted by colleges to which I am considering applying prior to submission of my application, my personal data may be transferred out of the EU to those colleges. If I am under the age of 16, I confirm that my parent or legal guardian has also consented to this same data transfer. I understand that I will have the right to withdraw this consent at any time by contacting The Mercy Website at [privacy@mercy.edu](mailto:privacy@mercy.edu) but doing so will prevent me from continuing to use the Mercy Application service.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ (dd/mm/yyyy)

## Part B

### 1. Personal Details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mx
First name	
Middle name(s)	
Last name	
Preferred first name	
Other last names used	

### 2. Address Details

Permanent Address	
Country	
Street name & number	
City	
State/Province/Region	
Postcode	
Mailing Address (if different from Permanent Address)	
Country	
Street name & number	
City	
State/Province/Region	
Postcode	

### 3. Biographical Information

Legal Sex	<input type="checkbox"/> male <input type="checkbox"/> female
Gender	<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> non-binary <input type="checkbox"/> other: _____
Pronouns	<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> they/them <input type="checkbox"/> other: _____
Date of birth	____/____/____ (dd/mm/yyyy)
Marital status	<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed
Primary citizenship	
Dual citizenship	
Are you Hispanic or Latino?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Please check <i>one or more</i> of the following groups in which you consider yourself to be a member	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific <input type="checkbox"/> White

#### 4. Academic History (high school and university studies)

High school Studies	
Name of institution	
Country	
City	
State/Region	
Attended from	_____/_____/_____ (mm/yyyy)
Attended to	_____/_____/_____ (mm/yyyy)
Qualification name (Abitur/ FH-Reife/ etc.)	
University Studies	
Name of institution	
Country	
City	
State/Region	
Attended from	_____/_____/_____ (mm/yyyy)
Attended to	_____/_____/_____ (mm/yyyy)
Degree Level and Name	

#### 5. Program Details

Proposed study-level	<input type="checkbox"/> Undergraduate/Bachelor <input type="checkbox"/> Postgraduate/Master
Proposed start date	<input type="checkbox"/> Fall <input type="checkbox"/> Spring      Year: 20_____
Proposed campus	<input type="checkbox"/> Manhattan <input type="checkbox"/> Dobbs Ferry <input type="checkbox"/> Bronx

#### 6. Signature

I certify that all information given in this application is completed and accurate. If I am admitted to Mercy College, I agree to abide by established rules and regulations of the college stated in the current Mercy College catalog.

By signing and submitting this application, you certify that the above information is accurate to the best of your knowledge and you authorize this document to be submitted on your behalf.

Signature \_\_\_\_\_ Date \_\_\_\_\_ (dd/mm/yyyy)