

# MEXICAN AMERICAN CATHOLIC COLLEGE

Registrar's Office | 3115 W Ashby Place | PO Box 28185 | San Antonio TX 78228  
210-736-2963 (fax) | 210-732-2156 (phone) | [registrar@maccsa.org](mailto:registrar@maccsa.org)

## Application for Admission

**Instructions:** Read and follow the *Admission Requirements and Instructions* when completing this form.

### A. Applicant

Mr.  Mrs.  Ms.  Miss  Fr.  Rev.  Bro.  Sr.  Dr. |  Seminarian  
*prefix/title* *check here if you are a Seminarian*

\_\_\_\_\_  
*first name*                      *middle name*                      *maiden name*                      *last name*

\_\_\_\_\_  
*nickname/preferred name*                      *suffix/title*

\_\_\_\_\_  
*social security number*                      *religious affiliation*                      *and*                      *(arch)diocese*                      *date*                      *and*                      *country of birth*

Single  Married  Divorced  Widowed |  Male  Female  
*marital status* *gender*

Hispanic  American Indian/Alaska Native  Asian  Black/African American  Native Hawaiian/Pacific Islander

White  Two or more races  Other: \_\_\_\_\_

*Ethnicity*

### B. Address

**Current Address:**  This is my permanent address, but I will reside at my "Preferred Address" during my studies at MACC.  
 This is my permanent address, and it is where I will reside during my studies at MACC.

\_\_\_\_\_  
*address (line 1)*                      *email (personal)*

\_\_\_\_\_  
*address (line 2)*                      *phone (home)*                      *phone (cell) provider:*

\_\_\_\_\_  
*city state zip*                      *country*                      *phone (work, optional)*                      *fax*

**Mailing Address:**  My mailing address is the same as my "Current Address."  
 My mailing address is the same as my "Preferred Address" during my studies.

\_\_\_\_\_  
*address*                      *email*

\_\_\_\_\_  
*city state zip*                      *phone*                      *phone (cell) provider:*

**Preferred Address:**  I am requesting housing at MACC. **[This section to be completed by MACC if box is checked by applicant.]**

\_\_\_\_\_  
*address*                      *email*

\_\_\_\_\_  
*city state zip*                      *phone*                      *phone (cell) provider:*

**Billing Address:**  Please bill me at my  "Current Address"  Diocese  Please bill me at my "Preferred Address."  
 I will complete the *Application for Credit Authorization* to open a charge account with the library/bookstore.

\_\_\_\_\_  
*address*                      *email*

\_\_\_\_\_  
*city state zip*                      *phone*                      *phone (cell) provider:*

### C. Questions

Have you ever been convicted of a felony?\*  No  Yes\* \*I will address the nature of my response within my admission essay.  
Have you ever been suspended or expelled from any school?\*  No  Yes\*  
Are you an international student? (If 'yes,' complete International Admission Application.)  No  Yes  
Do you require ADA accommodations? (If 'yes,' provide documentation.)  No  Yes

## D. Enrollment

**Semester of Entry:**  Fall  Spring  Summer **Year:** \_\_\_\_\_ **Type:**  Full-time  Part-time  Less than part-time

## E. Program

academic level	undergraduate programs and areas of study	graduate programs and areas of study
degree objectives	<input type="checkbox"/> Non-Degree <input type="checkbox"/> Certificate of Pretheology <input type="checkbox"/> Bachelor of Arts in Pastoral Ministry (BAPM)	<input type="checkbox"/> Non-Degree <input type="checkbox"/> Graduate Certificate in Pastoral Ministry <input type="checkbox"/> Master of Arts in Pastoral Ministry (MAPM)
BAPM and MAPM concentrations	<input type="checkbox"/> Catechetics <input type="checkbox"/> Catholic Leadership <input type="checkbox"/> Philosophy <input type="checkbox"/> Pretheology (for post baccalaureates only)	<input type="checkbox"/> Catechetics <input type="checkbox"/> Catholic Leadership <input type="checkbox"/> Marriage, Family, and Youth Ministry
options	<input type="checkbox"/> Collaborative PMIN Program at UIW (must apply separately) <input type="checkbox"/> Language Program: (circle one) ESL SPAN	

language	speak	read	write	first language	highest course/level completed	plan to take language course(s) at MACC
English	none	none	none	no		yes
	beginning	beginning	beginning	yes		no
	intermediate	intermediate	intermediate			
Spanish	advanced	advanced	advanced	no		yes
	none	none	none	yes		no
	beginning	beginning	beginning			
	intermediate	intermediate	intermediate			
	advanced	advanced	advanced			

## F. Education

name and address	enrollment	credential	Other
high school:	start:	diploma:	gpa:
	end:	rank:	honors:
college	start:	credits:	gpa:
	end:	degree:	honors:
college	start:	credits:	gpa:
	end:	degree:	honors:
college	start:	credits:	gpa:
	end:	degree:	honors:
	program(s) of study:		

## G. Acknowledgement

I **acknowledge** that all of the information I have provided is true and accurate; **understand** that false or inaccurate information forfeits my eligibility for admission to and/or enrollment at MACC; and **pledge** to demonstrate personal and academic integrity in all matters if I am accepted as a student at the Mexican American Catholic College.

\_\_\_\_\_ student's signature

\_\_\_\_\_ date

**BELOW THIS LINE, FOR REGISTRAR'S OFFICE USE ONLY**

att/ern: \_\_\_\_\_  
 gpa: \_\_\_\_\_  
 decision: \_\_\_\_\_  
 graduation: \_\_\_\_\_

received: \_\_\_\_\_  
 reviewed: \_\_\_\_\_  
 verification: \_\_\_\_\_  
 follow-up: \_\_\_\_\_

student id \_\_\_\_\_  
 \_\_\_\_\_  
 processed by \_\_\_\_\_