

**MERCY COLLEGE OF NORTHWEST OHIO, YOUNGSTOWN
FALL 2011 MATRICULATION AGREEMENT**

**Mail to: Mercy College, Youngstown Site
Attn: Darnell Irvine
1044 Belmont Avenue
Youngstown, Ohio 44501**

Name *(Please print)*

Social Security Number

Address

City, State and Zip Code

Phone Number

Please check which category best applies to you at this time:

1. _____ I accept my position as a student at Mercy College of Northwest Ohio-Youngstown. I understand that my matriculation fee of \$60.00 is due two weeks from the date of my receipt of my acceptance letter. This fee will hold my place in the college and/or clinical courses. I understand that this fee is non-refundable if I do not attend.
2. _____ I no longer wish to attend Mercy College of Northwest Ohio-Youngstown.

Student Signature

Date

Congratulations on your acceptance! Please send this completed form and a check or money order (payable to Mercy College) for \$60.00 to the address above. Failure to respond with form and payment within two weeks of receipt of your acceptance letter will be considered a decline of our offer of admission, resulting in the loss of your clinical space. Please call 1.888.806.3729 or 419.251.1313 or email youngstown@mercycollege.edu if you have any questions.