

FOR SCHOOL  
USE ONLY  
Input Date \_\_\_\_\_  
Initial \_\_\_\_\_  
GU ID \_\_\_\_\_

School of Education  
Application for Graduate Program  
Admission



NAME \_\_\_\_\_  
last first m. initial former/maiden

**HOME CONTACT INFORMATION**

HOME ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

**BUSINESS CONTACT INFORMATION**

BUSINESS NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

**PERSONAL INFORMATION**

DATE OF BIRTH \_\_\_\_\_  
Month day year  
COUNTRY OF CITIZENSHIP \_\_\_\_\_

SSN/SI N \_\_\_\_\_  
GENDER  Male  Female

**ETHNIC ORIGIN (optional)\*\***

Black American  Native American or Alaskan  Asian American  
 Hawaiian/Pacific Islander  Caucasian-White, Non-Hispanic  Hispanic

**MARITAL STATUS\*\***  Single  Married  Divorced  Widowed

**HOW DID YOU FIND OUT ABOUT US?**

Friend/family  Radio  Mail advertising  Newspaper  Internet  Other

**GU LEGACY\*\*** \_\_\_\_\_

**CIRCLE GRADUATE PROGRAM FOR WHICH YOU ARE APPLYING:**

**Special Education: Initial Teaching**

**Sport & Athletic Administration**

**Anesthesiology**

**Initial Teaching**

Elementary (13-month program)  
Secondary (13-month program)  
Endorsement area: \_\_\_\_\_  
Elementary (24-month program)  
Secondary (24-month program)  
Endorsement area: \_\_\_\_\_

**Leadership and Administration**

**Special Education (M.ED.)**

General  
Functional Analysis  
Early Childhood

**Counseling:**

School Track  
Community Track  
Marriage & Family Track  
Counselling (Canada)

**\*CERTIFICATION (Administration):**

Principal Certification

**TERM AND LOCATION FOR WHICH YOU ARE APPLYING**

YEAR \_\_\_\_\_ Circle one: **Fall** **Spring** **Summer** SITE, IF APPLICABLE \_\_\_\_\_

**APPLICATION FEE** - Nonrefundable, accepted only in **U.S. funds**: Please submit a check, money order or cashier's check with your application or pay online with your credit card at:

<https://commerce.cashnet.com/SOE3>

**COLLEGES AND UNIVERSITIES ATTENDED**

**Bachelor's degree institution**    city, state, country    from (mo/yr)    to (mo/yr)

\_\_\_\_\_

degree earned    date received

**Other institutions**    city, state, country    from (mo/yr)    to (mo/yr)

\_\_\_\_\_

degree earned    date received

**EMPLOYMENT HISTORY**

**CURRENT/MOST RECENT**

\_\_\_\_\_

employer name    your title    end date (mo/yr)    start date (mo/yr)

\_\_\_\_\_

address    city    state    zip

\_\_\_\_\_

phone    supervisor    reason for leaving

**PREVIOUS**

\_\_\_\_\_

employer name    your title    end date (mo/yr)    start date (mo/yr)

\_\_\_\_\_

address    city    state    zip

\_\_\_\_\_

phone    supervisor    reason for leaving

**EMERGENCY CONTACT**

\_\_\_\_\_

name

\_\_\_\_\_

address

\_\_\_\_\_

phone    \_\_\_\_\_

\_\_\_\_\_

relationship

**BACKGROUND QUESTION**

Given the Mission of Gonzaga University and the campus spirit we try to create, we ask whether you have ever been convicted of a crime or have a case pending against you at this time?

Yes  No

If yes, please send written details

Have you ever been placed on probation or been expelled from an institution of higher learning due to a violation of the honor code or incidents of academic dishonesty?

Yes  No

If yes, please send written details

**UNIVERSITY POLICIES**

Equal Opportunity Policy: Gonzaga is an equal opportunity, affirmative action University. The University does not discriminate against any person on the basis of race, religion, sex, national origin, age, marital or veteran status, sexual orientation, physical or mental impairment that limits a major life activity, or any other non-merit factor in employment, educational programs or activities which it operates. All University policies, practices, and procedures are consistent with Gonzaga's Catholic, Jesuit identity and Mission Statement.

504 Policy: Federal law prohibits us from making preadmission inquiry about disabilities. Information regarding disabilities, voluntarily given or inadvertently received, will not adversely affect any admission decisions. If you require special services because of a disability, you may notify the Dean of Students' Office. This voluntary self-identification allows Gonzaga University to prepare appropriate support services to facilitate your learning. This information will be kept in strict confidence and has no affect on your admission to the University.

According to Clery Campus Security: The security of all members of the campus community is of vital concern to Gonzaga University. Information regarding crime prevention advise, the law enforcement authority of Campus Security, policies concerning the reporting of any crimes which may occur on the campus, and the crime statistics for the most recent 3-year period may be requested from Gonzaga University Campus Security Department, 502 E Boone Ave MSC 2468, Spokane, WA 99258-2468. Telephone 509.323.4150.

**SIGNATURE**

I understand that any willful misrepresentation or omission of facts in this application may make me ineligible for admission to the University or subject to immediate dismissal.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

