

NON-MATRICULATED REGISTRATION FORM

Gonzaga University Registrar's Office

Name: _____ SS#: _____ - _____ - _____

Semester: Fall Spring Summer Year: _____

Mailing Address: _____ Home Phone: () _____

_____ Business Phone: () _____

_____ Previous Names: _____

Business: _____ Work Email: _____

Gender: Female Male Birthdate: (M/D/Y) _____ / _____ / _____

Email Address _____

Have you completed a college degree? Yes No

If so, degree, date, and college/university: _____

Ethnic Category (optional): Asian American Undergraduate Hispanic Caucasian African American Pacific Islander Native American

Study Level: T&D Certification

Have you previously attended Gonzaga University? Yes No

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 attach written details.

CRN #	SUBJ	COURSE #	SECT #	TITLE	CR

TOTAL CREDITS: _____

Statement of Student's Financial Responsibility: Submission of this Registration Form obligates the student for payment of tuition and fees.

Student Signature: _____ Date: _____ / _____ / _____