Office of the Registrar
NON-MATRICULATED STUDENT REGISTRATION

STUDENT INFORMATION

Name: ___________________________________________ ID #: __________________________

Last                                                                                     First                                                              M.I.
Previous/Maiden Names:___________________________________________________________________ Gender: ☐ Female ☐ Male

E-mail:_________________________________________ Phone: (____) _____________ ☐ Home ☐ Cell

Mailing Address:________________________________________________________________________

City/Province:_________________________ State/Country:_____________________ Zip/Postal Code:________________

Date of Birth (MM/DD/YYYY): __________ / __________ / ______________

Citizenship: ☐ USA  ☐ Permanent Resident  ☐ Other Country (please specify):__________________________

*If you are holding a student visa, you cannot hold non-matriculated status. Please see ISP.

For US Citizens only--Ethnicity (optional):
☐ Asian American ☐ Hispanic ☐ Caucasian ☐ African American ☐ Pacific Islander ☐ Native American
☐ Other (please specify):_______________________________________________________________

Given the mission of Gonzaga University and the campus atmosphere maintained, it is necessary to 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 detailed explanation

REGISTRATION INFORMATION

Semester: ☐ Fall ☐ Spring ☐ Summer

Study Level: ☐ Undergraduate ☐ Graduate (see Graduate program contact) ☐ Doctoral (see Doctoral program contact)
☐ English Language Center (see ESL contact) ☐ Senior Citizen Audit ☐ No Credit/No Record
☐ Jesuit Volunteer ☐ Dual Enrollment (High School student)

Year:________________

Have you previously applied or are you intending to apply to Gonzaga University? ☐ Yes ☐ No

If so; degree, date and college/university: ___________________________________________________

Have you completed a college degree? ☐ Yes ☐ No

If so; degree, date and college/university: ___________________________________________________

CRN #  SUBJ  COURSE #  SECT #  TITLE  CREDITS

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 __________ / __________ / __________

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