



Please submit \$50 non refundable fee with application
Check
Credit card # _____ Type: _____
Exp.Date: _____
Phone (509) 313-3485 or (800) 793-9585
Fax (509) 313-3463

Application Form Doctoral Program in Leadership Studies

Student Name _____ SS#/SIN# _____
Last First M. Initial

Mailing Address _____ Phone _____
Street City State Zip

Permanent Address _____ Phone _____
Street City State Zip

E-Mail Address _____ Fax # _____

Business _____ Title _____

Business Address _____ Phone _____
Street City State Zip

Male Female Date of Birth ___/___/___

Country of _____ Citizenship _____

Visa Type or Alien registration# _____

What is your ethnicity?

___ Hispanic or Latino ___ Not Hispanic or Latino

Select one or more races to indicate what you consider yourself to be:

___ American Indian or Alaska Native/ ___ Asian/ ___ Black or African American/

___ Native Hawaiian or other Pacific Islander/ ___ White/

Former/Other names used _____

Entrance Exam: GRE _____ MAT _____ GMAT _____ TOEFL _____
Test date Test date Test date Test date

Beginning Term: Fall _____ Spring _____ Summer _____

Have you ever attended Gonzaga University? No Yes, when? _____

List of Colleges and Universities attended:

<u>Name</u>	<u>City, State, Zip Code</u>	<u>From/To</u>	<u>Degree – Date Received</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Employment History: (Begin with most recent)

1) Employer _____ To/From _____ Title _____

Address _____ Phone _____

Supervisor _____

Reason for Leaving _____

Work Experience _____

2) Employer _____ To/From _____ Title _____

Address _____ Phone _____

Supervisor _____

Reason for Leaving _____

Work Experience _____

3) Employer _____ To/From _____ Title _____

Address _____ Phone _____

Supervisor _____

Reason for Leaving _____

Work Experience _____

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. No Yes
If yes, please explain details:

In case of an emergency, please notify:

Name: _____ Phone: _____

Address: _____ Relationship: _____

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 effect on your admission to the university.

I understand that any willful misrepresentation or omissions of facts in this application may be considered cause for immediate dismissal.

Signature of Applicant

Date

Mail or fax application packet:

Doctoral Program in Leadership Studies
502 E Boone Ave
MSC Box 2616
Spokane, WA 99258-2505
Attention: Admissions
Fax (509) 313-3463