



Please return when completed, with \$50.00 application fee, to:

Dean of Admission
Gonzaga University
502 East Boone Avenue
Spokane, WA 99258-0102
Fax: (509) 313-5780
www.gonzaga.edu

GONZAGA UNIVERSITY

PART ONE

Transfer Application for Admission

Please type or print.

For admission in:

Spring 20

Fall 20

1. PERSONAL DATA

Legal name: Last First Middle (complete) Jr., etc. M F

Prefer to be called: Former last name(s) if any:

Social Security Number: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Mailing address for all admission correspondence: Number and Street City or Town County State Zip Until: / /

If different from above, please give your permanent home address: Number and Street City or Town County State Zip

Telephone at mailing address: ( ) Area Code Number Telephone at permanent address: ( ) Area Code Number

E-mail: (used for application correspondence)

Have you ever applied for admission to Gonzaga? No Yes Year Term

Have you previously attended Gonzaga? No Yes Year

Full Time Part Time Summer School Non-matriculated Distance Learning Dual Enrollment

Birthdate: / / Country of citizenship: Date of move to the USA: / /

Type of Visa or alien registration number:

Possible area(s) of academic concentration/major:

Please indicate your educational objective: First Bachelor's degree Second Bachelor's degree Teacher Certification Courses for personal enrichment Other (specify)

Are you the first in your family to attend college? No Yes Possible career or professional plans:

Will you be a candidate for financial aid? No Yes If yes, the Free Application for Federal Student Aid (FAFSA) was/will be filed on:

Do you plan to apply for university residence hall accommodations? No Yes

Have you ever been convicted of a crime, or are you presently charged with one? No Yes If yes, please include written details.

Have you ever been subject to formal disciplinary action or are there such actions pending? No Yes If yes, please include written details.

The following items are optional:

Place of birth: Marital status:

Religious preference:

What is your first language, if other than English?:

How would you describe your racial or ethnic origin? Select all that apply.

- Black or African American American Indian or Alaska Native (North and South America origin) Asian (Far East, Southeast Asia, Indian subcontinent) Native Hawaiian or Other Pacific Islander Hispanic or Latino (Spanish culture or origin, regardless of race) White or Caucasian I prefer not to answer

**2. EDUCATIONAL DATA**

High school attended: \_\_\_\_\_ Date of graduation: \_\_\_\_\_

Address: \_\_\_\_\_

Is the school  public  private  parochial ETS/ACT School Code: \_\_\_\_\_

College Advisor: \_\_\_\_\_ School telephone: (\_\_\_\_) \_\_\_\_\_  
Name Area Code Number

If you did not graduate from high school, indicate highest grade completed and last year attended.

Grade \_\_\_\_\_ Year \_\_\_\_\_ G.E.D. tests taken? \_\_\_\_\_ When? \_\_\_\_\_

List all colleges/universities in order of attendance.

Institution	City	State	Dates Attended	Degree or diplomas (received or anticipated)
1. _____	_____	_____	From _____ / _____ to _____ / _____ <small>mo. yr. mo. yr.</small>	_____
2. _____	_____	_____	From _____ / _____ to _____ / _____ <small>mo. yr. mo. yr.</small>	_____
3. _____	_____	_____	From _____ / _____ to _____ / _____ <small>mo. yr. mo. yr.</small>	_____

Are you currently a member of the **Phi Theta Kappa Honors Society** for community college students?  No  Yes

**3. FAMILY**

Father's/Legal Guardian's full name: \_\_\_\_\_ If deceased, date: \_\_\_\_\_

Mailing address if different from your address: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

Name of college (if any): \_\_\_\_\_ Degree: \_\_\_\_\_ Year: \_\_\_\_\_

Name of professional or graduate school (if any): \_\_\_\_\_ Degree: \_\_\_\_\_ Year: \_\_\_\_\_

Mother's/Legal Guardian's full name: \_\_\_\_\_ If deceased, date: \_\_\_\_\_

Mailing address if different from your address: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

Name of college (if any): \_\_\_\_\_ Degree: \_\_\_\_\_ Year: \_\_\_\_\_

Name of professional or graduate school (if any): \_\_\_\_\_ Degree: \_\_\_\_\_ Year: \_\_\_\_\_

For family correspondence, please indicate a preferred parent, guardian, or family e-mail address: \_\_\_\_\_

If you do not live with both parents, with whom do you make your permanent home? \_\_\_\_\_

Please check if parents are  separated  divorced

Please identify names and relationships of any family members (parents, siblings, aunts, uncles, grandparents, etc.) who have attended Gonzaga.

Name	Relationship	Degree/Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**4. SIGNATURE**

My signature below indicates that all information contained in this application is factually and honestly presented. I understand that offers of admission from Gonzaga University are conditional and are contingent upon the successful and satisfactory completion of all academic work in progress. Final academic transcripts will be carefully reviewed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**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, a physical or mental impairment that limits a major life activity, or any other non-merit factor in the 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, and comply with federal and state regulations including Sections 503 and 504 of the Rehabilitation Act of 1973.

**504 Policy:** Federal law prohibits us from making pre-admission inquiry about disabilities. Information regarding disabilities, voluntarily given or inadvertently received, will not adversely affect any admission decisions. Upon acceptance to Gonzaga University, if academic adjustments or accommodations are needed due to a disability, Disability Resources, Education & Access Management (DREAM) must be notified and appropriate documentation provided. Contact DREAM for more information: 800-986-9585, ext. 4134 or shearer@gonzaga.edu.