

NON-MATRICULATED STUDENT REGISTRATION FORM

Student Name				ID Number		
E-mail addr	ress					
Semester:	[] Fall [] Spring [] S	ummer I [] S	Summer 2 []	Full Summer Year:		
Mailing Address:			Home Ph	Home Phone: ()		
			Business	Phone: ()		
Gender: [] Female [] Male			Birth Date	Birth Date: (MM/DD/YYYY) / //		
Citizenship				ecify) matriculated status. Please see ISP.*		
Have you c	ompleted a college degree? []	Yes []No				
If so, degree	e, date and college/university:					
Ethnic Category (optional): [] Asian American [] Hispanic [] Caucasian [] African American [] Pacific Islander [] Native American [] International from			[][[][[]E []S	Study Level: [] Undergraduate [] Dual Enrollment (High School Student) [] English Language Center [] Senior Citizen Audit [] No Credit/No Record		
Have you p	reviously or are you intending to a	pply to Gonzaga	University? [] Yes [] No		
	nission of Gonzaga University and ase pending against you at this tin			e, we ask whether you have ever been convicted of a ease attach written details.	crime	
CRN #	SUBJ	COURSE #	SECT #	TITLE	CR	
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TOTAL CREDITS:_____

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

Student Signature: