



Please return to:

Office of Admission
Gonzaga University
502 E Boone Ave
Spokane WA 99258-0102
Fax: 509-313-5780

GONZAGA UNIVERSITY

Application for Dual Enrollment

☐ Spring 20____ (Dec 15 deadline)

☐ Fall 20____ (August 15 deadline)

☐ Sum 20____ (April 15 deadline)

1. PERSONAL INFORMATION

Legal Name _____

Last/Family/Sur (Enter name exactly as it appears on official documents.)

First/Given

Middle (complete)

Jr., etc.

Preferred name, if not first name (only one) _____ Former last name(s) _____

Birth Date _____ US Social Security Number, if any _____
mm/dd/yyyy

Preferred Telephone ☐ Home ☐ Cell Home(_____) _____ Cell(_____) _____
Area/Country/City Code Area/Country/City Code

E-mail Address _____ (for admission correspondence)

Permanent home address _____
Number & Street Apartment #

City/Town Country or Parish State/Province Country ZIP/Postal Code

2. FAMILY INFORMATION

Parent 1 ☐ Mother ☐ Father Is Parent 1 living? ☐ Yes ☐ No (Date deceased _____)
mm/yyyy

Last/Family/Sur (Enter name exactly as it appears on official documents.)

First/Given

Middle Initial

Jr., etc.

Home address if different from yours

Home Telephone (_____) _____ Email _____

Occupation _____ Employer _____

College (if any) _____ Degree _____ Year _____

Graduate school (if any) _____ Degree _____ Year _____

Parent 2 ☐ Mother ☐ Father Is Parent 2 living? ☐ Yes ☐ No (Date deceased _____)
mm/yyyy

Last/Family/Sur (Enter name exactly as it appears on official documents.)

First/Given

Middle Initial

Jr., etc.

Home address if different from yours

Home Telephone (_____) _____ Email _____

Occupation _____ Employer _____

College (if any) _____ Degree _____ Year _____

Graduate school (if any) _____ Degree _____ Year _____

3. DEMOGRAPHIC INFORMATION

Gender ☐ Female ☐ Male

Citizenship ☐ US Citizen ☐ Resident Alien/Permanent Resident

☐ Citizen of Foreign Country If so, what country? _____ Type of Visa _____

Ethnicity (optional) _____

4. EDUCATION INFORMATION

Current secondary school _____ Entry date _____ Graduation date _____
mm/yyyy mm/yyyy

School Address _____
Number & Street City/Town ZIP/Postal Code

Counselor's name _____ Counselor's Number _____

Counselor's email address _____

Previous School(s) attended

School Name	Street	City, State	Zip code	Dates attended
School Name	Street	City, State	Zip code	Dates attended

5. CHECKLIST – REQUIRED ADDITIONAL INFORMATION

Please remember to submit:

- ☐ Official transcript(s) from secondary or post-secondary institutions
- ☐ A letter of recommendation from your high school counselor or administrator
- ☐ \$50 Application Fee

6. DISCIPLINARY HISTORY

Have you ever been subject to formal disciplinary action or are there such actions pending? ☐ No ☐ Yes – include written details

Have you ever been convicted of a misdemeanor, felony, or other crime or are these actions pending? ☐ No ☐ Yes – include written details

7. 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 and Title IX of the Educational Amendments of 1972.

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.