Please return to:

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

# GONZAGA UNIVERSITY Application for Students Returning or Reapplying

For admission in:	
Fall 20	
Application Type:	
Re-Applying	

## You are a:

GONZAGA

**<u>Returning student</u>** if you have not attended Gonzaga University for a semester or longer and are not on a leave of absence.

**<u>Reapplying student</u>** if you applied and were previously accepted to Gonzaga University within the past 18 months (if you were not offered admission, you will need to submit an entire application).

#### **1. PERSONAL INFORMATION**

Legal Name				
Last/Family/Sur (Enter name exactly as it appears of	on official documents.)	First/Given	Middle (complete)	Jr., etc.
Preferred name, if not first name (only one)		Former last nar	ne(s)	
Birth Date mm/dd/yyyy	US Social	Security Number, if any		
Preferred Telephone Home Cell Home(	) Area/Country/City Code		Cell()_ Area/Co	puntry/City Code
E-mail Address			(for a	admission correspondence)
Permanent home address			Apartm	ent#
City/Town Country or Parish		State/Province	Country	ZIP/Postal Code
If different from above, please give your current mailing ad	ddress for all admiss	ion correspondence.	(from mm/dd	
Current mailing address				
Number & Street			Apartm	ent #
City/Town Country or Parish		State/Province	Country	ZIP/Postal Code
Do you intend to apply for need-based financial aid?	Yes 🗌 No	Academic Interest		
Do you intend to be a full-time student?	Yes 🗌 No			
Do you intend to live in college housing?	Yes 🗌 No	Career Interest		
2. DEMOGRAPHIC INFORMATION				
Gender 🗌 Female 🗌 Male				
Citizenship 🔲 US Citizen 🗌 Resident Alien/Perr	nanent Resident			
Citizen of Foreign Country If so, wha	t country?		Type of Visa	

#### **3. DISCIPLINARY HISTORY**

Have you ever been subject to formal disciplinary action Have you ever been convicted of a misdemeanor, felony,		No Yes – include v	
4. EDUCATION INFORMATION			
Are you currently enrolled in college?  Yes	No		
Current or most recent college or university attended			
Entry Date (mm/yyyy) Exit Dat	te (mm/yyyy) 2-ye	ar institution 4-ye	ar institution
List all colleges/universities in order of attendance. Name of college/university	City/Town,State/Province,Zip Code, Country	Dates Attended mm/yyyy to mm/yyyy	Degree Earned
1			
2			
3			
4			
5			

### 5. 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.