

NON-MATRICULATED REGISTRATION FORM

Gonzaga University Registrar's Office

Name: _____

SS#: _____ - _____ - _____

Semester: [] Fall [] Spring [] Summer I [] Full Summer [] Summer II Year: _____

Mailing Address: _____

Home Phone: () _____

Business Phone: () _____

Previous Names: _____

Gender: [] Female [] Male

Birthdate: (M/D/Y) _____ / _____ / _____

Email Address _____

Have you completed a college degree? [] Yes [] No

If so, degree, date, and college/university: _____

Ethnic Category (optional):

- [] Asian American
- [] Hispanic
- [] Caucasian
- [] African American
- [] Pacific Islander
- [] Native American
- [] International from _____

Study Level:

- [] Undergraduate
- [] Dual Enrollment (High School Student)
- [] English Language Center
- [] Senior Citizen Audit
- [] No Credit/No Record

Have you previously or are you intending to apply to Gonzaga University? [] Yes [] No

Are you registering for courses to complete a teaching certificate or endorsement? [] Yes [] No

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.

[] Yes [] No If yes, please attach written details.

CRN #	SUBJ	COURSE #	SECT #	TITLE	CR

TOTAL CREDITS: _____

Statement of Student's Financial Responsibility:

Submission of this Registration Form obligates the student for payment of tuition and fees.

Student Signature: _____

Date: _____ / _____ / _____