

## **GONZAGA UNIVERSITY PROFESSIONAL CERTIFICATION PROGRAM APPLICATION**

NAME						
last		first	m. initial			former/maiden
HOME CONTACT INF	ORMATION					
HOME ADDRESS						
CITY			STATE		ZIP _	COUNTRY
HOME PHONE				_ CELL PHONE _		
EMAIL						
BUSINESS CONTACT	T INFORMATI	ON				
BUSINESS NAME				TITLE	Ē	
BUSINESS ADDRESS _						
CITY			STATE		ZIP	COUNTRY
PERSONAL INFORM ORIGIN (optional)	ATION			ETHNIC		
DATE OF BIRTH					☐ Blac	ck American   Native
American or Alaskan   Month		year			□ F	Hawaiian/Pacific Islander
☐ Caucasian-White, Non	-Hispanic	,				
COUNTRY OF CITIZENS	HIP					
SSN/SIN						
GENDER □ I		☐ Female				
GU LEGACY			_			
HOW DID YOU FIND OU  ☐ Friend/family ☐ Radi			paper □ Internet □	Other		
_ rada	- maii aavoi	g — 110110	paper — internet —	0 1101		
SCHOOLING						
Bachelor's degree institution		ci	ty, state, country	from (mo/yr	)	to (mo/yr)
degree earned	date recei	ved				
TERM AND LOCATI	ON FOR WH	ICH YOU AF	RE APPLYING			
YEAR	EAR □ Fall □ Spring □ Summe		Professional Certification (Please circle option):			
SITE, IF APPLICABLE			Option Or	ne Option To	wo	Option Three

name		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 send written details			
phone	relationship	Have you ever been placed on probation or been expelled from an institution of higher learning due to a violation of the honor code or incidents of academic dishonesty?	☐ Yes ☐ No If yes, please send written details			
	EMERGENCY CONTACT	BACKGROUND QUEST	BACKGROUND QUESTION			
	UNIVERSITY POLICIES					
	not discriminate against any person on the bas status, sexual orientation, physical or mental in factor in employment, educational programs of and procedures are consistent with Gonzaga 504 Policy: Federal law prohibits us from make disabilities, voluntarily given or inadvertently require special services because of a disability self-identification allows Gonzaga University to University.	I opportunity, affirmative action University. The University of race, religion, sex, national origin, age, marital impairment that limits a major life activity, or any other activities which it operates. All University policies a's Catholic, Jesuit identity and Mission Statemer and preadmission inquiry about disabilities. Informateceived, will not adversely affect any admission decrease, you may notify the Dean of Students' Office. This prepare appropriate support services to facilitate at confidence and has no affect on your admission	I or veteran ner non-merit es, practices, nt.  Ition regarding cisions. If you s voluntary e your n to the			
	According to Clery Campus Security: The security of all members of the campus community is of vital concern to Gonzaga University. Information regarding crime prevention advise, the law enforcement authority of Campus Security, policies concerning the reporting of any crimes which may occur on the campus, and the crime statistics for the most recent 3-year period may be requested from Gonzaga University Campus Security Department, 502 E Boone Ave MSC 2468, Spokane, WA 99258-2468. Telephone 509.323.4150.					
	SIGNATURE					
	I understand that any willful misrepresentation for admission to the University or subject to it	on or omission of facts in this application may ma immediate dismissal.	ke me ineligible			
	APPLICANT SIGNATURE	DATE				