

NON-MATRICULATED REGISTRATION FORM

Gonzaga University Registrar's Office

Name: _____ SS#: _____ - _____ - _____

Semester: Fall Spring Summer1 Summer2 Full Summer Year: _____

Mailing Address: _____

Previous Name(s) _____

Home Phone: () _____

Have you attended Gonzaga University previously?

Yes, Date: _____ No

Business Phone: () _____

Gender: Male Female

Citizenship:

- USA
- Permanent Resident
- Other Country, please specify _____

Birthdate: _____ / _____ / _____
 Month Day Year

*If you are holding a student visa, you are not permitted to hold non-matric status. See Elaine Ike, ISP.

Study Level:

- Undergraduate
- Graduate/Doctoral
- Dual Enrollment
- English Language Center
- Sabbatical (Credo/Focus)
- Senior Citizen Audit
- No-credit/No-record

Ethnic Category:(optional)

- Asian American
- Hispanic
- Caucasian
- African American, Non-Hispanic
- Pacific Islander
- Native American
- International from _____

CRN #	SUBJ	COURSE #	SECT #	TITLE	CR	DAYS	TIMES	AUDIT-PASS/FAIL

TOTAL CREDITS: _____

It is the student's responsibility to make sure their registration is correct at all times during the semester.

Statement of Student's Financial Responsibility:

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