

# Undergraduate Admissions Application

Last Name		First Name (Legal)	Middle Name
Nickname		Other last name(s) under which your transcripts might be submitted	
Home Address (Number and Street)		Mailing Address (Number and Street) if different from home address	
City, County, State, Zip/Postal Code		City, County, State, Zip/Postal Code	
Home Telephone Number (Including Area Code)		Cell Phone Number (Including Area Code)	
Social Security Number (U.S. Citizens Only)		Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female

## Citizenship

U.S. Citizen     Immigrant-Permanent Resident     Non-Resident Alien: Citizen of what country? \_\_\_\_\_

**Ethnicity/Race (optional)**  
(This information is for statistical purposes only and has no bearing on admission to the University.)  
Are you Hispanic/Latino?  Yes  No  
Check the following race(s) that apply to you:  
 American Indian or Alaska Native     Black or African American     White  
 Asian     Native Hawaiian or Other Pacific Islander

**What is the best way to reach you regarding your admissions application?**  Telephone or  E-mail

E-mail Address (required to check your application status electronically) \_\_\_\_\_ AOL Screen Name \_\_\_\_\_

Have you applied for admission to the University previously?  Yes  No    When? \_\_\_\_\_

**Applying for: (select one from each column)**

<input type="checkbox"/> Fall 20____Term	<input type="checkbox"/> Freshman Admission	<input type="checkbox"/> Full-Time	<input type="checkbox"/> I plan to live on-campus
<input type="checkbox"/> Spring 20____Term	<input type="checkbox"/> Transfer Admission	<input type="checkbox"/> Part-Time	<input type="checkbox"/> I plan to live at home
<input type="checkbox"/> Summer 20____Term			

## Area of Academic Interest (list only one, extras listed will not be considered)

See academic programs offered on the opposite page. (Education and Physical Therapy applicants must indicate a specific option.)

Major \_\_\_\_\_ Academic Program Code \_\_\_\_\_

**Religious Affiliation (optional)**  
(This information is for statistical purposes only and has no bearing on admission to the University.)  
 Roman Catholic     Greek Catholic     Greek Orthodox     Jewish     Baptist  
 Episcopal     Lutheran     Methodist     Presbyterian     Other: \_\_\_\_\_  
Are you a member of a Roman Catholic parish in the Diocese of Erie, PA?  Yes  No  
(check for Diocesan-related financial aid award eligibility from Gannon)  
If yes, name and location of parish: \_\_\_\_\_

## High Schools/Secondary Schools Attended (list the most recent first)

I attend a Catholic High School  Yes  No

Name	Address, City, State, Zip	School Code	Graduation Date
Name	Address, City, State, Zip	School Code	Graduation Date

**High School Senior Year Schedule**

Current Semester/Term ( <i>course name</i> )	Amount of Credit	Next Semester/Term ( <i>course name</i> )	Amount of Credit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Colleges and Institutions Attended** (*list all attended—most recent first; include colleges attended while in high school*)

_____	_____	_____	_____
Name	City, State	Number of credits completed	Currently enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____
Name	City, State	Number of credits completed	Currently enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Have You Taken the SAT or ACT Examination?** (*list month/year*)

Yes \_\_\_\_\_ Date  I plan to retake the SAT/ACT \_\_\_\_\_ Date  No; I plan to take the SAT/ACT \_\_\_\_\_ Date

Check the appropriate box if you are interested in any of the following:

Honors Program  Army ROTC  Program for Students with Learning Disabilities

**Extracurricular Activities** (*include honors received*) Please continue on a separate sheet of paper if necessary.

Activity/Organization/Honor

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Work Experience/Volunteer Experience** (*if medical related, please be specific*)

_____	_____	_____	_____
Type of Work	Dates	Employer	Address
_____	_____	_____	_____
Type of Work	Dates	Employer	Address

Please rank your first three choices, including Gannon, of the colleges to which you are applying (*optional*):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Parent/Guardian/Family Information**

_____	_____
Father/Guardian (Living? <input type="checkbox"/> Yes <input type="checkbox"/> No)	Mother/Guardian (Living? <input type="checkbox"/> Yes <input type="checkbox"/> No)
_____	_____
E-mail Address	E-mail Address
_____	_____
Address	Address
_____	_____
Employer/Occupation	Employer/Occupation
_____	_____
Gannon Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate class year _____	Gannon/VMC Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate class year _____

**First Generation** (*optional*)

Did any of your parents/grandparents attend a post secondary institution?  Yes  No

**Personal Statement** (*optional, yet recommended; highly recommended for accelerated pharmacy programs; required for LECOM 4+4 Medical Program applicants*)

Choose **one** of the topics and on a separate sheet, type a one-page response:

1. How have you applied a classroom lesson to your daily life? 2. Ask and answer one question that you wish we had asked.

My signature below indicates all information in my application is complete, accurate and honestly presented. I am also granting Gannon University permission, if necessary, to request any missing credentials. I understand any misrepresentation may void my application.

Signature \_\_\_\_\_

Date \_\_\_\_\_