

Transfer 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)

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

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
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)*

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