

# Graduate Studies Admissions Application

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Maiden or other last name(s) under which your transcripts might be submitted \_\_\_\_\_

|   |  |
|---|--|
| Home/Permanent Address (Number and Street)<br>_____<br>_____<br>_____<br>City, State/Province, Zip/Postal _____ Country _____                 | Social Security Number (U.S. Citizens Only)<br>_____<br>Birth Date _____ <input type="checkbox"/> Male <input type="checkbox"/> Female<br>_____<br>Home Telephone Number (Including Area Code)<br>_____<br>Cell Phone Number (Including Area Code)<br>_____<br>E-mail Address<br>_____<br>Preferred Contact Method (Check One)<br><input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> E-mail<br><input type="checkbox"/> I authorize Gannon University to contact me via text or smart message (SMS) at the cell phone number provided. |
| Mailing Address (if different than Home/Permanent address)<br>_____<br>_____<br>_____<br>City, State/Province, Zip/Postal _____ Country _____ |  |

**Citizenship/Language** (Check One)

U.S. Citizen   
  Dual U.S. Citizen   
  U.S. Permanent Resident: Visa Type \_\_\_\_\_ Alien Registration # \_\_\_\_\_  
 Other Citizenship: Visa Type \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_  
 First/Native Language \_\_\_\_\_

|   |                                    |  |
|---|------------------------------------|--|
| <b>Applying for:</b> (Select one from each column.) |                                    |  |
| <input type="checkbox"/> Fall 20____ Term           | <input type="checkbox"/> Full Time | <input type="checkbox"/> Degree Status<br><small>(Pursuing a Degree)</small>                                     |
| <input type="checkbox"/> Spring 20____ Term         | <input type="checkbox"/> Part Time | <input type="checkbox"/> Non-Degree Status<br><small>(NOT Pursuing a Degree)</small>                             |
| <input type="checkbox"/> Summer 20____ Term         |                                    | <input type="checkbox"/> Non-Matriculated Status<br><small>(Student from another college taking classes)</small> |

**Program for Which You are Applying**

Program Name \_\_\_\_\_

Students applying to MBA program: Please select:  On Campus  Online

Education Applicants: Are you certified to teach?  No  Yes (please attach a copy of your teaching certification)

Nursing Applicants: Please provide R.N. registration number and state: \_\_\_\_\_  
 Please forward an employer's copy of your nursing license.

|  |
|--|
| <p><b>Previous Coursework</b></p> Have you ever taken graduate courses at Gannon before? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, in which program? _____ Please attach a separate sheet explaining why you discontinued studies. |
|--|

**Personal Statement**

Please write a short statement of your purpose in pursuing graduate study:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Colleges and Institutions Attended** (Include ALL colleges attended; list most recent first)

|      |             |                          |       |                |
|------|-------------|--------------------------|-------|----------------|
| Name | City, State | Dates Attended (to/from) | Major | Degree Awarded |
| Name | City, State | Dates Attended (to/from) | Major | Degree Awarded |
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| Name | City, State | Dates Attended (to/from) | Major | Degree Awarded |

*Please have official copies of all college transcripts forwarded directly to the Office of Graduate Admissions, Gannon University, 109 University Square, Erie, PA 16541-0001.*

**Work Experience**

|          |       |          |         |
|----------|-------|----------|---------|
| Position | Dates | Employer | Address |
| Position | Dates | Employer | Address |
| Position | Dates | Employer | Address |

**References** (Degree and Certificate-Seeking Students Only)  
 List the names and positions of the three persons from whom you will request letters of recommendation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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

**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: \_\_\_\_\_

**Additional Personal Information** (Check if applicable.)

Currently serving on active duty in the U.S. Armed Forces (for purposes other than training)     
  Veteran of the U.S. Armed Forces  
 Have you ever been convicted of a misdemeanor, felony or other crime?  Yes  No

My signature below indicates all information in my application is complete, accurate and honestly presented. All records submitted become property of Gannon University and cannot be returned to the applicant nor forwarded to a third party. I am also granting Gannon University permission, if necessary, to request any missing credentials and verify that all information is correct. I understand any misrepresentation may void my application.

Signature \_\_\_\_\_ Date \_\_\_\_\_