



# Gwinnett College

4230 Highway 29, Suite 11 • Lilburn, Georgia 30047 • (770) 381-7200 • FAX (770) 381-0454

## APPLICATION FOR ADMISSION

Date: \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_ Birthplace \_\_\_\_\_ DOB: \_\_\_\_\_

Are you a resident of Georgia? \_\_\_\_\_ If yes, how long? \_\_\_\_\_ Are you a U.S. Citizen? \_\_\_\_\_ Drivers License No. \_\_\_\_\_

Check One: \_\_\_\_\_ High School Grad - Year Graduated \_\_\_\_\_ -- HS Grad From \_\_\_\_\_

\_\_\_\_\_ GED - Year Successfully Completed \_\_\_\_\_ -- Received GED From \_\_\_\_\_

Have you had prior education beyond high school? \_\_\_\_\_ Yes \_\_\_\_\_ No if yes, please list below - use back of form if necessary.

College Name \_\_\_\_\_ Address \_\_\_\_\_ Attended From \_\_\_\_\_ to \_\_\_\_\_

College Name \_\_\_\_\_ Address \_\_\_\_\_ Attended From \_\_\_\_\_ to \_\_\_\_\_

Do you have a Medical Condition that the college should know about? \_\_\_\_\_

APPLICANT'S EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

Position \_\_\_\_\_

### PARENT OR SPOUSE INFORMATION (WHICHEVER IS MOST APPLICABLE)

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

### PLEASE PROVIDE THREE DIFFERENT REFERENCES AND PERMANENT ADDRESSES IF KNOWN

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer's Name & Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer's Name & Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer's Name & Phone: \_\_\_\_\_

I hereby apply for admission to \_\_\_\_\_ Program of GWINNETT COLLEGE as of the above date. IF I AM ACCEPTED FOR ADMISSION TO GWINNETT COLLEGE, I UNDERSTAND THAT I MUST SIGN A "CERTIFICATE OF ENROLLMENT" which obligates me to the terms and conditions set forth in the "Certificate of Enrollment" during my period of enrollment in Gwinnett College. Also, if accepted, I agree to abide by all rules and regulations of the College as stated in the current catalog at the time of my enrollment. I also certify that the information given above, which you are authorized to verify, is true and correct. I agree to notify the school of any material change in the facts. I consent to Gwinnett College and its agents to obtain a report of my credit record and use the information from that report in determining whether to make an educational loan to me. I understand that I will be notified in writing of the results of the credit check with respect to my loan application.

REQUESTED ENTRANCE DATE \_\_\_\_\_ CHECK ONE: \_\_\_\_\_ DAY \_\_\_\_\_ NIGHT

Applicant's Signature \_\_\_\_\_ Parent/Spouse Signature \_\_\_\_\_