



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. _____

E-Mail address: _____

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 _____

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 _____