APPLICATION FOR DEGREE COMPLETION PROGRAM ADMISSION

GARDNER-WEBB UNIVERSITY
DEGREE COMPLETION PROGRAM
Legal First Name ____________________________________________________________

Legal Middle Name __________________________________________________________

Legal Last Name ____________________________________________________________________________________________

Preferred Name _____________________________________________________________________________________________

Birthdate ____/____/______              Ethnicity ___________________________               Gender: ❑ Male  ❑ Female

Marital Status _____________________               US Citizen:  ❑ Yes  ❑ No

Social Security Number (must have if applying for financial aid) ________________________________

Mailing Street Address _______________________________________________________________________________________

Mailing Street Address _______________________________________________________________________________________

County                                                                   City                                                              State                   Zip

Home Phone _______________________________________  Mobile Phone  __________________________________________

Can we text you?  ❑ Yes  ❑ No               Mobile Carrier __________________________________________________________

How do you prefer we contact you?  (phone, email, mail) __________________________________________________________

Student’s Email _____________________________________________________________________________________________

Religious Preference _________________________________________________________________________________________

Are you a first-generation college student from your family?  ❑ Yes  ❑ No

Did anyone in your family attend GWU?  ❑ Yes  ❑ No

Family Member’s Name ______________________________________________________________________________________

Do you qualify for military educational benefits?  Because I am:

❑ Active Duty       ❑ A Veteran       ❑ A Spouse of a Veteran       ❑ A Dependent of a Veteran

I plan to major in __________________________________________________________________________________________

I plan to enroll in (i.e. Fall 2015) __________________________________________________________________________

Would you like to begin in our next:  ❑ 16 week term  ❑ 8 week term

I plan to study:  ❑ Part-time       ❑ Full-time

Preferred Center/Location:

❑ Burke Center       ❑ Charlotte Center       ❑ Main Campus
❑ Catawba Center     ❑ Forsyth Center       ❑ Gaston Center
❑ Montgomery Center  ❑ Online               ❑ Richmond Center
❑ Iredell Center     ❑ Isothermal Center    ❑ Surry Center
❑ Catawba Center     ❑ Forsyth Center       ❑ Richmond Center
❑ Online             ❑ Surry Center         ❑ Wilkes Center

I plan to enroll as:  ❑ Degree Seeking       ❑ Prior Gardner-Webb Student       ❑ Non-Degree Seeking Student
LIST OF COLLEGES ATTENDED:

__________________________________________________________________________________________________

❑ Check box if you have ever been convicted of a criminal offense other than a minor traffic violation.

❑ Check box if there are any criminal charges pending against you at this time.

❑ Check box if you have ever been dismissed, suspended, or placed on probation at any school.

If you checked any of the above boxes, please explain below:

__________________________________________________________________________________________________

__________________________________________________________________________________________________

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__________________________________________________________________________________________________

Additional Information:

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Gardner-Webb University supports the attainment of equal opportunity for all persons regardless of race, sex, national origin, age, or disability. The University is committed to compliance with the American Disabilities Act of 1990 as amended, and Section 504 of the Rehabilitation Act of 1973. Federal law prohibits the University from making inquiries regarding prior admission, but the information voluntarily given will not affect any admission decision and will be used to assist students. If upon admission you require services because of a disability, you should notify the office of the Noel Center for Disability Resources at Gardner-Webb University.

By submitting this Application, I certify that all answers and statements made in this application are true. If accepted, I agree to abide by the rules and regulations of the University as set forth in the catalog and other official publications of the University.

Signature _____________________________________________________________ Date ________________________________

Please submit your completed application by email to:

dcp@gardner-webb.edu

Upon request, this publication can be made available in an alternate format. Please make a request by calling 704.406.4625 or e-mail dcp@gardner-webb.edu to make a request.