

GONZAGA UNIVERSITY

EXCHANGE PROGRAM APPLICATION



RETURN ALL COMPLETED APPLICATION MATERIALS TO GONZAGA UNIVERSITY STUDY ABROAD

323 E. Boone Ave. or mail to Ad Box 85, 502 E. Boone Ave, Spokane, WA 99258-0085

• (800) 440-5391 • (509) 313-3549 • (509) 313-5987 fax • www.GoAbroadZAGS.org • studyabroad@gonzaga.edu

Exchange programs are agreements between Gonzaga University (GU) and foreign universities. Students attend a partner university for a semester or year and in exchange, they send students to GU. Our students pay GU tuition. Room and board are paid to the host university or students find their own housing. Exchanges can be competitive as there are limited number of spaces available each year. Apply early. Priority deadlines are listed on the application. Contact the Study Abroad office for deadline exceptions.

ABOUT THIS APPLICATION:

Students are selected by GU and recommended to the partner university. This application serves as your intent to apply for an exchange program. After the application deadline, upon recommendation from GU, you will then be asked to complete the partner university's application. All application materials will be collected by GU Study Abroad to be sent to the partner university.

ACADEMIC RECOMMENDATIONS:

Two academic recommendations are required. If the partner university does not provide their own recommendation form, students will use the GU recommendation form. The form for Akita International University and Sophia University may not be immediately available. The GU Study Abroad office will provide access to the form when available. The recommendations are to be returned to the GU Study Abroad office in a signed, sealed envelope.

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<p>INDICATE THE PROGRAM & TERM FOR WHICH YOU ARE APPLYING: NOTE: Australia, Spain Ramon Llull (spring only), Spain Comillas, & The Netherlands are semester only</p> <p><input type="checkbox"/> AUSTRALIA: University of Notre Dame</p> <p><input type="checkbox"/> JAPAN: Akita International University <input type="checkbox"/> FALL 2012</p> <p><input type="checkbox"/> JAPAN: Sophia University <input type="checkbox"/> SPRING 2013</p> <p><input type="checkbox"/> SPAIN: University Pontificia Comillas <input type="checkbox"/> ACADEMIC YEAR 2012-2013</p> <p><input type="checkbox"/> SPAIN: University Ramon Llull</p> <p><input type="checkbox"/> TAIWAN: Chang Gung University</p> <p><input type="checkbox"/> THE NETHERLANDS: Erasmus University</p>	<p>APPLICATION CHECKLIST:</p> <p><input type="checkbox"/> APPLICATION & ESSAY SIGNED BY THE APPLICANT</p> <p><input type="checkbox"/> \$50 NON-REFUNDABLE APPLICATION FEE PAID ON CASHNET</p> <p><input type="checkbox"/> TWO ACADEMIC RECOMMENDATIONS</p> <p><input type="checkbox"/> COPY OF PICTURE PAGE OF PASSPORT (IF AVAILABLE)</p> <p><input type="checkbox"/> ACADEMIC CLEARANCE FORM – SUBMIT ONLINE</p> <p><input type="checkbox"/> STUDENT LIFE CLEARANCE FORM – SUBMIT ONLINE</p>	<p>FOR OFFICE USE:</p> <hr/> <p>DATE RECEIVED</p> <hr/> <p>DATE CASHNET PAID</p>
<p>STUDENT INFORMATION</p> <p>GU ID _____ CLASS STATUS <input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR</p> <p>FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____</p> <p>PREFERRED NAME _____ / _____ / _____ <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE</p> <p>DATE OF BIRTH (MM/DD/YEAR)</p> <p>EMAIL _____ @ZAGMAIL.GONZAGA.EDU</p> <p>CUMULATIVE GPA _____ MAJOR(S) _____ MINOR(S) _____</p> <p>OTHER COLLEGES/UNIVERSITIES ATTENDED (INCLUDE DATES ATTENDED)</p>	<p>YOUR CAMPUS CONTACT INFORMATION</p> <p>(_____) _____ - _____ (_____) _____ - _____ PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME ALTERNATE PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME</p> <p>MAIL HERE FROM ____/____/____ TO ____/____/____</p> <p>GU MSC BOX _____</p> <p>STREET _____ APT NUMBER _____</p> <p>CITY _____ STATE _____ ZIP CODE _____</p>	
<p>PASSPORT INFORMATION</p> <p>DO YOU HAVE A PASSPORT VALID FOR 6 MONTHS BEYOND THE END OF THE PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO/EXPIRED <input type="checkbox"/> RENEWING <input type="checkbox"/> APPLYING</p> <p><i>IF APPLYING FOR OR RENEWING A PASSPORT, APPLY NOW. IT CAN TAKE 4-6 WEEKS TO RECEIVE A PASSPORT. IF A STUDENT VISA IS REQUIRED, VISA PROCESSING CAN TAKE ADDITIONAL MONTHS PRIOR TO DEPARTURE FOR PROGRAM.</i></p> <p>COUNTRY OF CITIZENSHIP(S) _____</p> <p>WILL YOU BE TRAVELING ON A US PASSPORT? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ IF NO, FROM WHICH COUNTRY? _____</p> <p>PASSPORT NUMBER _____ EXPIRATION DATE (MM/DD/YEAR) _____</p> <p>ISSUING AUTHORITY _____</p>	<p>PERMANENT CONTACT INFORMATION</p> <p>STREET _____ APT NUMBER _____</p> <p>CITY _____ COUNTY CITY IS LOCATED _____</p> <p>STATE _____ ZIP CODE _____</p> <p>(_____) _____ - _____ (_____) _____ - _____ PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME ALTERNATE PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME</p>	
<p>PARENT/GUARDIAN/SPOUSE CONTACT (FATHER)</p> <p>FIRST NAME _____ LAST NAME _____</p> <p>(_____) _____ - _____ (_____) _____ - _____ PREFERRED PHONE <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK ALTERNATE PHONE <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK</p> <p>EMAIL _____</p> <p>OCCUPATION _____ EMPLOYER _____</p> <p>MAILING ADDRESS <input type="checkbox"/> SAME AS PERMANENT ADDRESS</p> <p>STREET _____ APT NUMBER _____</p> <p>CITY _____ STATE _____ ZIP CODE _____</p>	<p>PARENT/GUARDIAN/SPOUSE CONTACT (MOTHER)</p> <p>FIRST NAME _____ LAST NAME _____</p> <p>(_____) _____ - _____ (_____) _____ - _____ PRE- FERRED PHONE <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK ALTERNATE PHONE <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK</p> <p>EMAIL _____</p> <p>OCCUPATION _____ EMPLOYER _____</p> <p>MAILING ADDRESS <input type="checkbox"/> SAME AS PERMANENT ADDRESS</p> <p>STREET _____ APT NUMBER _____</p> <p>CITY _____ STATE _____ ZIP CODE _____</p>	

HOW DID YOU LEARN ABOUT THIS EXCHANGE PROGRAM?

- STUDY ABROAD FAIR STUDY ABROAD OFFICE GONZAGA UNIVERSITY WEBSITE STUDY ABROAD WEBSITE ADVERTISEMENT
- FORMER PARTICIPANT PROFESSOR/CLASS OTHER (PLEASE SPECIFY): _____

ACTIVITIES & HONORS:

LIST ANY ACTIVITIES/ORGANIZATIONS IN WHICH YOU ARE CURRENTLY A PARTICIPANT/MEMBER

LIST ANY HONORS RECEIVED

HOW WOULD YOU RATE YOUR HEALTH? EXCELLENT GOOD FAIR CURRENTLY UNDER DOCTOR'S CARE

If any accommodations will be needed for a medical condition, contact the Gonzaga DREAM Office at 509.313.4134 or visit www.gonzaga.edu/dream. There is a process for securing accommodations that can take several weeks.

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE OR HAVE A CASE PENDING AGAINST YOU AT THIS TIME? YES NO

If yes, please provide complete details on a separate page.

RELEASE OF INFORMATION:

Gonzaga receives requests from students who wish to contact current or previous participants in a program. Do you give Gonzaga's Study Abroad office permission to provide your e-mail address to other student participants. YES NO

HOW DO YOU PLAN ON FINANCING THIS STUDY ABROAD PROGRAM?

- PERSONAL FUNDS (SELF, PARENTS) FINANCIAL AID SCHOLARSHIPS OTHER (PLEASE SPECIFY): _____

With the exception of work study awards and some performance scholarships, all GU financial aid applies to the exchange programs. Check with the Financial Aid office for any possible exceptions.

APPLICATION INFORMATION:

TRANSCRIPT: The Study Abroad office will obtain your unofficial Gonzaga University transcript. As stated in the agreement below, your signature gives the Study Abroad office permission, for application purposes for the Exchange University, to obtain your most current official transcript.

ACADEMIC RECOMMENDATION FORM:

Two academic recommendations are required for the exchange applications. Each recommendation is to be returned to you or the Study Abroad office in a signed, sealed envelope. List your academic recommender(s):

NAME POSITION PHONE EMAIL

NAME POSITION PHONE EMAIL

ESSAY PROMPT: On a separate sheet of paper, respond to the following prompts in 1-2 pages.

- 1. What goals and accomplishments do you hope to achieve by participating in the exchange program you've chosen?
- 2. How do you hope to incorporate this experience into current and future academic, career, or life plans?

SPAIN & TAIWAN APPLICANTS ONLY: All business majors and minors must have this application signed by their academic advisor in the School of Business. Completion of prerequisite business courses is required to enroll in upper division business courses offered in Spain and Taiwan.

SCHOOL OF BUSINESS SIGNATURE DATE

STUDENT AGREEMENT:

I will take at least 12 credits per semester, comply with the attendance policy and maintain a good academic standing.
I give the Gonzaga Study Abroad office permission to obtain my most current official transcript to provide to the Exchange University for application purposes.
I agree to show consideration for fellow participants, faculty, administrators, and host country persons.
I will abide by Gonzaga University's Code of Conduct and the laws of all countries while studying and traveling abroad.
I will refrain from the abuse of alcohol, the use of illegal drugs, and behavior considered offensive in other countries.
I understand misconduct, excessive absences, or insufficient academic performance can result in dismissal from the program without financial consideration. The authority to take this action rests upon the Exchange University and Gonzaga University.

My signature indicates that the above information is factual and true, and that I will comply with the above agreement.

STUDENT SIGNATURE DATE