

SUMMER 2011
APPLICATION FORM

Professional Studies Graduate Summer Travel Programs

I) Personal Information

Name: _____
(last) (first) (middle initial)

Student ID# _____ Sex: ___ M ___ F Date of Birth: _____

Graduate Program Enrolled in _____ University _____

Graduate Semesters/Quarters Completed by May 2010: _____

Current Address: _____
Street/PO Box Apt.

_____ City State Zip

Current Telephone Numbers: (home) _____ (work) _____

E-mail address: _____

Permanent Address: (If Different) _____
Street/PO Box Apt.

_____ City State Zip

Permanent Telephone Number: (If Different) _____

Person to Contact in an Emergency: Name: _____ Telephone: _____

II) Courses

Please mark ALL of the courses you are seeking to participate in (most students will take both courses for a total of 6 credits)

___ **COML 513, Renaissance Rhetoric with Dr. John Caputo (May 27 – June 10, 2011)**

___ **ORGL510, Renaissance Leadership with Dr. Mike Carey (May 27 – June 10, 2011)**
(above 2 courses are designed to be taken simultaneously)

___ **ORGL689, Experiences in Project Management with Dr. Kristine Hoover and Kay Bachman (June 10 – June 24, 2011)**

(above courses timed for those students interested in taking both sessions, back-to-back, for a total of 4 weeks in Italy)

III) Housing

Please mark one of the following 3 housing choices:

___ **Single Occupancy Room**

___ **Double Occupancy Room - SHARING WITH A FELLOW STUDENT**

* Share a hotel room with another student & pay substantially less

* If you have a roommate preference, please write their name here:

___ **Double Occupancy Room - SHARING WITH A GUEST COMING WITH YOU (non student)**

Name(s) _____ Age(s) _____

IV) Application Fee

Students with special needs or disabilities should contact the Program Coordinator prior to submitting an application to discuss whether accommodation is possible.

\$400 Non-Refundable Deposit Enclosed

Check _____ Money Order _____

V) Application & Registration Process

- 1. Please send your completed Application Form with a \$400 non refundable deposit (this deposit will be applied to your total program costs) to:**

Shannon Zaranski
Gonzaga University
502 E. Boone Ave., MSC 2616
Spokane, WA 99258

- 2. An official copy of your Graduate Program standing (Gonzaga students do not need to submit this)**

Upon receipt of these materials, your application will be reviewed by the Graduate Florence Professional Studies Committee. Upon notification of acceptance to participate in the course(s) you will be sent a Student Contract. This Student Contract needs to be signed & returned for your application to be considered complete.

Signature

Date

MAIL TO:

Shannon Zaranski
Gonzaga University
502 E. Boone Ave., MSC 2616
Spokane, WA 99258

Phone: 509.313.3569; Fax: 509.313.5827
Zaranski@gu.gonzaga.edu