

GENERAL INFORMATION

How did you learn about the Gonzaga-in-Florence program?

- Study Abroad Fair Study Abroad Office Gonzaga University Website Study Abroad Website Advertisement
- Former Participant Other (Please specify): _____

Please identify family members who attended the Gonzaga-in-Florence program: (if more than 2, please attach on a separate page)

Name: _____ Relationship: _____ Year attended: _____

Name: _____ Relationship: _____ Year attended: _____

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 academic adjustments or accommodations will be needed during your study abroad, please contact the Gonzaga University Disability Support Services six weeks in advance. The telephone number is (509) 323-4134.

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.

Consent to be contacted: Gonzaga frequently receives requests from students or parents who wish to contact current or previous participants in the program. Do you give Gonzaga's Study Abroad Office permission to provide your e-mail address to other students or interested parents? Yes No

FINANCIAL INFORMATION

How do you plan on financing the Gonzaga-in-Florence program?

- Personal Funds (self, parents) Financial Aid Scholarships Other (please specify): _____

If you are currently receiving financial aid and/or are planning to seek aid to help finance this program, you should contact the financial aid officer on your home campus to determine what aid will transfer to study abroad. Several types of aid are transferable, but all forms of aid must be processed through your home campus financial aid office.

TRANSCRIPT: Please send your official transcripts for any college(s)/ university(ies) you have attended to:
Gonzaga University, Study Abroad, 502 E. Boone Avenue, Spokane, WA 99258-0085

ESSAY: Please include an essay (no more than 1 page) in response to the following questions:

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

PROGRAM APPROVAL FORM: This form must be completed by your study abroad advisor. If your home institution does not have a study abroad advisor, then an academic dean, registrar, or other campus official may complete this form.

RECOMMENDATION FORMS: Two recommendations are required. The **academic recommendation** should be from one of your instructors in your major. The **personal recommendation** should be completed by someone who knows you well, such as a job supervisor, a volunteer supervisor, athletic coach or academic advisor. Friends and family are not appropriate choices. The recommendations are to be returned to you in signed, sealed envelopes. Enclose with your application. List the names of your academic recommenders:

Name: _____ Position: _____ Tel: (____) _____ E-mail: _____

Name: _____ Position: _____ Tel: (____) _____ E-mail: _____

AGREEMENT:

I will take at least 15 credits per semester, comply with the attendance policy, and maintain a good academic standing.
 I agree to show consideration for fellow participants, faculty, administrators, and host country persons including hotel staff.
 I will abide by Gonzaga University's Code of Conduct, the laws of Italy and all other countries, while 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 Dean of Gonzaga-in-Florence.
 My signature indicates that the above information is factual and true, and that I will comply with the above agreement.

Signature: _____ **Date:** _____



PLEASE RETURN TO:
 Gonzaga University Study Abroad Office
 502 E Boone Ave, Spokane WA 99258-0085
 Tel: (800) 440-5391 or (509) 323-3549
 Fax: (509) 323-5987
 E-mail: studyabroad@gonzaga.edu
 www.gonzaga.edu/gonzagainflorencia

GONZAGA-IN-FLORENCE

Program Approval

2008-2009

TO THE STUDENT:

Applications for the Gonzaga-in-Florence program require program approval from your home institution.

Please complete and sign this section using black ink. Print your name on the reverse side before giving it to the official responsible for approving your participation in our program and ask that it be completed and sent back to our office or returned to you in a signed, sealed envelope.

Name: _____ Date of Birth: _____
First Middle Last

College or University: _____ School ID#: _____

Current Status (check one): Fr So Jr Sr Tel: (____) _____ E-mail: _____

Applying to: Summer 2008 Academic Year 2008-2009 Fall Term 2008 Spring Term 2009

Authorization to release information:

I hereby waive my right to access information on this form and request that it be completed and forwarded to the Study Abroad Office at Gonzaga University.

Signature: _____ Date: _____

Authorization to provide transcripts:

I authorize the appropriate officials of Gonzaga University to forward official transcripts completed at Gonzaga-in-Florence to my home institution as noted on this form.

Signature: _____ Date: _____

TO THE STUDY ABROAD ADVISOR, DEAN, REGISTRAR OR OTHER OFFICER COMPLETING THIS FORM:

Program Transcripts

Your approval is required as part of the above student's application. Gonzaga-in-Florence is a satellite program of Gonzaga University based in Spokane, WA, a fully accredited four-year Jesuit institution of higher learning.

After the completion of each semester, Gonzaga University will provide an official transcript for the transfer of credit, including grades and semester hours for all courses taken by this student.

This student's application cannot be considered until this form has been received in our office. Please complete and indicate the address where Gonzaga University should send the transcript.

Please call our office if you have any questions. By signing this form, you approve transfer of credit earned at Gonzaga-in-Florence as shown on the Gonzaga University transcript.

Name: _____

Title: _____

Institution: _____

Street: _____

City: _____ State: _____ Zip: _____

Tel: (____) _____ Fax: (____) _____

E-mail: _____

Signature: _____ Date: _____

Please send this student's final program transcript to:

Name: _____

Title: _____

Institution: _____

Street: _____

City: _____ State: _____ Zip: _____



PLEASE RETURN TO:
Gonzaga University Study Abroad Office
502 E Boone Ave, Spokane WA 99258-0085
Tel: (800) 440-5391 or (509) 323-3549
Fax: (509) 323-5987
E-mail: studyabroad@gonzaga.edu
www.gonzaga.edu/gonzagainflorencia

GONZAGA-IN-FLORENCE

Program Approval

2008-2009

Student's Name: _____

Your student is applying for our Gonzaga-in-Florence program with the expectation that semester credit hours earned will transfer toward his/her degree at your institution. Gonzaga-in-Florence is a satellite program of Gonzaga University a fully accredited four-year Jesuit institution of higher learning. We require that all applicants be degree-seeking students enrolled and in good standing at an accredited U.S. college or university.

Is this student a full-time undergraduate in good standing at your institution? Yes No
If no, please explain.

Has this student been involved in any serious disciplinary action while attending your institution? Yes No
If yes, please explain.

Has this student ever been on academic probation? Yes No
If yes, please explain.

Does this student have your approval to study abroad at Gonzaga-in-Florence? Yes Yes with reservations No
If yes with reservations, or no, please explain.

Please add any additional comments you might care to make concerning this student's eligibility and/or qualifications for acceptance into Gonzaga-in-Florence.

Name: _____ Tel: (_____) _____

Position: _____ Fax: (_____) _____

Institution: _____ E-mail: _____

Signature: _____ Date: _____

Since our program has a rolling admission up to the application deadline, please return this form as soon as possible.

GONZAGA-IN-FLORENCE

Academic Recommendation

2008-2009

Student's Name: _____

TO BE COMPLETED BY AN INSTRUCTOR WHO HAS TAUGHT THIS STUDENT.

When and what course(s) did you teach this student?

Are there any special considerations of which we should be aware?

The following categories are intended merely as guidelines. Please check the boxes or use the space provided for comments. We are interested in a complete evaluation of whatever you deem important in describing this student.

	Do not know	Below Average	Average	Above Average	Outstanding
Academic ability					
Academic motivation					
Class attendance					
Intellectual maturity					
Respect for faculty					
Respect for students					
Reaction to setbacks					
Ability to adjust					
Social skills					

Would you invite this student on a program if you were the director? Yes No Why?

In light of above, please check one:

- I recommend this applicant without reservation.
- I have minor reservations about this applicant's participation.
- I do not know the applicant well enough to recommend.
- I cannot recommend this applicant.

Complete and return this form to the student in a signed, sealed envelope.

Name: _____

Position: _____

Institution: _____

Department: _____

Address: _____

Tel: (_____) _____

City State Zip

E-mail: _____

Signature: _____

Date: _____

GONZAGA-IN-FLORENCE

Personal Recommendation

2008-2009

Student's Name: _____

TO BE COMPLETED BY ONE WHO KNOWS THE APPLICANT WELL.

How long and in what capacity have you known the applicant?

Are there any special considerations of which we should be aware?

The following categories are intended merely as guidelines. Please check the boxes or use the space provided for comments. We are interested in a complete evaluation of whatever you deem important in describing this applicant.

	Below Average	Average	Above Average	Outstanding
Responsible behavior				
Motivation				
Maturity				
Respect for adults				
Respect for peers				
Concern for others				
Reaction to setbacks				
Ability to adjust				
Social skills				
Sense of humor				

Would you invite this student on a program if you were the director? Yes No Why?

In light of above, please check one:

- I recommend this applicant without reservation.
- I have minor reservations about this applicant's participation.
- I cannot recommend this applicant for the study abroad program.

Once completed, please return this form to the applicant in a signed, sealed envelope.

Name: _____

Address: _____

Tel: (_____) _____

City _____ State _____ Zip _____

E-mail: _____

Signature: _____

Date: _____