



RETURN COMPLETED APPLICATION PACKET TO:
 Gonzaga University, Study Abroad
 502 E Boone Ave, Spokane WA 99258-0085
 Tel: (800) 440-5391 or (509) 313-3549
 Fax: (509) 313-5987
 E-mail: studyabroad@gonzaga.edu

GONZAGA-IN-FLORENCE

2009-2010 Application

WHEN TO APPLY:

Fall/Academic Year: Rolling admissions. You are encouraged to apply early as applications are considered on space availability and visa restrictions.

Spring: Applications accepted until October 1, 2009, after which applications are considered on space availability and visa restrictions. Contact the Study Abroad office.

PROGRAM SELECTION:

I am applying for (check one):

- Academic Year 2009-2010 Fall Term 2009 Spring Term 2010
 Engineering Program (Spring Term 2010)

TYPE OR PRINT LEGIBLY IN BLACK INK.

APPLICATION CHECKLIST FOR NON-GONZAGA STUDENTS:

- Application completed and signed by the applicant
 - Official transcripts from all colleges/universities attended
 - Essay written and signed by the applicant
 - Program Approval form
 - One academic recommendation
 - \$50 non-refundable application fee payable to Gonzaga University
- Mail completed applications to Study Abroad, Gonzaga University, 502 E Boone Ave, Spokane WA 99258-0085.

STUDENT INFORMATION

Name _____
First Middle Last

Preferred name _____ Gender Female Male

Social Security # ____/____/____ Date of Birth _____
MM/DD/YEAR

Current Contact Information

Current info valid from _____ until _____
MM/DD/YEAR MM/DD/YEAR

Current address _____
Street Apt/Room#

City _____ State _____ Zip _____

Telephone (____) _____ Cell (____) _____

E-mail _____

Home College/University _____

Current Status So Jr Sr Cumulative GPA _____

Academic major _____ minor _____

Italian language credits completed _____

Presently taking _____ Italian credits

Other colleges/universities attended (include dates)

Permanent Contact Information (home address)

Permanent address _____
Street Apt/Room#

City _____ County _____ State _____ Zip _____

Telephone (____) _____ Cell (____) _____

Will you be traveling on a U.S. passport? Yes No
 If no, from which country? _____

Passport # _____ Expiration Date _____
MM/DD/YEAR

Citizenship _____ Place of Birth _____
City, State

PARENT INFORMATION

If your parents live separately, please give addresses for both.

Whom should we notify in case of emergency?

- Father Mother Other Contact

Father's Name _____

Street _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work (____) _____

Cell (____) _____ Fax (____) _____

E-mail _____

Employer _____ Position _____

Mother's Name _____

Street _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work (____) _____

Cell (____) _____ Fax (____) _____

E-mail _____

Employer _____ Position _____

Other Contact Address (Not Parent)

Name _____

Relationship _____

Street _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work (____) _____

Cell (____) _____ Fax (____) _____

E-mail _____

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 two, please list on back of application)

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 at (509) 313-4134 six weeks in advance.

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 transcript from all colleges/universities attended to, Gonzaga University, Study Abroad, 502 E. Boone Avenue, Spokane, WA 99258-0085

ESSAY: Please respond in no more than one page to the following question:

What goals and accomplishments do you hope to achieve by participating in the Gonzaga-in-Florence program?

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.

ACADEMIC RECOMMENDATION FORM: One academic recommendation is required. The academic recommendation should be from one of your professors. The recommendation is to be returned to you in a signed, sealed envelope. Enclose with your application. List the name of your academic recommender:

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

AGREEMENT:

- I will take at least 12 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:** _____