



PLEASE RETURN 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

## Program Approval

2009-2010

### TO THE STUDENT:

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

**Please complete and sign this section.** 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: \_\_\_\_\_ Your School ID#: \_\_\_\_\_

Current Status (check one):  Fr  So  Jr  Sr Tel: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

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

#### 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 reviewed until this form has been received in our office. Please complete and indicate the address where Gonzaga University should send the transcript.

Please contact 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: \_\_\_\_\_



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2009-2010

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: \_\_\_\_\_