PLEASE RETURN TO:
Gonzaga University, Study Abroad
Ad Box 85
Tel: (509) 313-3549
Fax: (509) 313-5987
E-mail: studyabroad@gonzaga.edu
www.gonzaga.edu/studyabroad

Academic Services Office
Study Abroad Clearance

TO THE STUDENT:

Applications for all study abroad programs require clearance from the Academic Services office.

Please complete and sign the top section of the form using black ink. Submit the form to the Academic Services office, Ad 326. The Academic Services office will return the form directly to the Study Abroad office.

Name: _____ School ID #: _____
First Middle Last

Current Status (check one): □Fr □So □Jr □ Sr Telephone: (_____) _____

E-mail: _____

Name of program applying to: _____ Location of program: _____

I am applying for (check one): □ Summer 2009 □ Academic Year 2009-2010 □ Fall Term 2009 □ Spring Term 2010

Authorization to Release Information:
I herby waive my right to access information on this form and request that it be completed and forwarded to the Study Abroad office.

Signature: _____ Date: _____

TO THE ACADEMIC SERVICES OFFICE:

Is this student a matriculated undergraduate? □ Yes □ No
If no, please explain.

Is this student in good academic standing? □ Yes □ No
If yes, please explain.

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

Has this student ever been found in violation of the academic honesty policy? □ Yes □ No
If yes, please explain?

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

Does this student have your approval to study abroad? □ Yes □ Yes with reservations □ No
If yes with reservations, or no, please explain.

Please add any comments you might care to make concerning this student's eligibility and/or qualifications for acceptance into the study abroad program.

Name: _____ Title: _____ Date: _____