



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

Student Life Office Study Abroad Clearance

TO THE STUDENT:

Applications for all study abroad programs require clearance from the Student Life office.

Please complete and sign the top section of the form using black ink. Submit the form to the Student Life office in Ad 120. The Student Life 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 hereby 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 STUDENT LIFE OFFICE:

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

Has this student been involved in any serious disciplinary action? 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 additional comments you might care to make concerning this student's eligibility and/or qualifications for acceptance into the study abroad program.

Name: _____ Title: _____ Date: _____