

GONZAGA-IN-FLORENCE

SUMMER 2010



RETURN ALL COMPLETED APPLICATION MATERIALS TO GONZAGA UNIVERSITY STUDY ABROAD: 323 E. Boone Ave. or mail to Ad Box 85, 502 E. Boone Ave, Spokane, WA 99258-0085
 • (800) 440-5391 • (509) 313-3549 • (509) 313-5987 fax • www.gonzagainflorenc.org • studyabroad@gonzaga.edu

Application Deadline: February 1, 2010

Contact the Study Abroad office for deadline exceptions.
 Late applications will be considered on a case-by-case basis.

APPLICATION CHECKLIST FOR GONZAGA STUDENTS:

- Application completed and signed by the applicant
- \$50 non-refundable application fee payable to Gonzaga University (cash/check only)
- One academic recommendation
- Academic Services Clearance form – submit online
- Student Life Clearance form – submit online

TYPE OR PRINT LEGIBLY IN BLACK INK

STUDENT INFORMATION GU ID# _____

Name _____
First Middle Last

Preferred name _____ Gender Female Male

Date of Birth _____ Place of Birth _____
MM/DD/YEAR City, State

Class Status Fr So Jr Sr Cumulative GPA _____

Major _____ Minor _____

Italian language credits: Completed _____ Currently taking _____

Other colleges/universities attended (include dates)

Passport Information

Country of citizenship _____

Will you be traveling on a U.S. passport? Yes No

If no, from which country? _____

Do you have a valid passport? Yes No

If no, apply for your passport soon. It commonly takes 4-6 weeks to receive a passport. An Italian visa is required, which can take additional months.

Passport # _____ Expiration Date _____
MM/DD/YEAR

Campus Contact Information (valid until _____)
MM/DD/YEAR

GU MSC box # _____ OR

Off-campus address _____
Street Apt/Room#

City _____ State _____ Zip _____

Telephone (_____) _____ Cell (_____) _____

E-mail _____
 (Provide preferred e-mail for correspondence and important information)

Permanent Contact Information

Street _____ Apt/Room# _____

City _____ County _____ State _____ Zip _____

Telephone (_____) _____ Cell (_____) _____

PARENT/GUARDIAN CONTACT (FATHER)

First Name _____ Last Name _____

Same as permanent address

Street _____ Apt/Room# _____

City _____ State _____ Zip _____

Home (_____) _____ Work (_____) _____

Cell (_____) _____ Fax (_____) _____

E-mail _____

Employer _____ Position _____

PARENT/GUARDIAN CONTACT (MOTHER)

First Name _____ Last Name _____

Same as permanent address

Street _____ Apt/Room# _____

City _____ State _____ Zip _____

Home (_____) _____ Work (_____) _____

Cell (_____) _____ Fax (_____) _____

E-mail _____

Employer _____ Position _____

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 receives requests from students who wish to contact current or previous participants in a program.

Do you give Gonzaga's Study Abroad office permission to provide your e-mail address to other students? Yes No

Prior to the start of the program, the Gonzaga Study Abroad office will share participant's contact and flight information among Gonzaga-in-Florence students. Do you give Gonzaga's Study Abroad office permission to share your contact and flight information with other Gonzaga-in-Florence program participants? Yes No

APPLICATION INFORMATION

TRANSCRIPT: The Study Abroad office will obtain your unofficial Gonzaga University transcript.

ACADEMIC SERVICES CLEARANCE FORM: Complete this form online at the Study Abroad website.

STUDENT LIFE CLEARANCE FORM: Complete this form online at the Study Abroad website.

ACADEMIC RECOMMENDATION FORM: One academic recommendation is required. The academic recommendation should be from faculty who have instructed you in a three credit course. The recommendation is to be returned to you or the Study Abroad office in a signed, sealed envelope. List the name of your academic recommender:

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

AGREEMENT:

- I will take 6 credits, 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:** _____