

# GONZAGA-IN-FLORENCE

## YEAR/SEMESTER 2010-2011



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

### Application Deadlines:

Check with your home institution regarding school specific deadlines.

Fall Semester/Academic Year – Rolling admissions until March 1, 2010

Spring Semester – Rolling admissions until October 1, 2010

Contact the Study Abroad office for deadline exceptions.

### Indicate the term for which you are applying:

Academic Year 2010-2011    Fall 2010    Spring 2011

Engineering Program (Spring 2011)

### APPLICATION CHECKLIST FOR NON-GONZAGA STUDENTS:

- Application completed and signed by the applicant
- \$50 non-refundable application fee (payable to Gonzaga University)
- Essay written and signed by the applicant
- One academic recommendation
- Program Approval form
- Official transcripts from all colleges/universities attended

TYPE OR PRINT LEGIBLY IN BLACK INK

### STUDENT INFORMATION

Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Preferred name \_\_\_\_\_ Gender  Female  Male

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
MM/DD/YEAR City, State

Home College/University \_\_\_\_\_

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

### Current mailing 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

**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.

**APPLICATION INFORMATION**

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

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.

**TRANSCRIPT:** Please send your official transcript from all colleges/universities attended to:  
Gonzaga University Study Abroad, Ad Box 85, 502 E. Boone Ave, Spokane, WA 99258-0085

**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:** \_\_\_\_\_