

GONZAGA-IN-FLORENCE PROGRAM APPROVAL



RETURN THIS FORM 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

TO THE STUDENT: Applications for the Gonzaga-in-Florence program require program approval from your home institution.

COMPLETE AND SIGN THIS SECTION. Fill in your name on the second page 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.

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____ SCHOOL ID _____ CLASS STATUS FR SO
 JR SR

COLLEGE OR UNIVERSITY _____ PHONE _____ EMAIL _____

TERM APPLYING TO: SUMMER 2012 FALL 2012 ACADEMIC YEAR 2012-2013
 SPRING 2013 EDUCATION TRACK SPRING 2013 ENGINEERING TRACK SPRING 2013

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.

STUDENT 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.

STUDENT 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. This student's application cannot be reviewed until this form has been received in our office. Gonzaga-in-Florence is a satellite program of Gonzaga University based in Spokane, Washington, a fully accredited four-year Jesuit institution of higher learning.

Gonzaga University will provide an official transcript for the transfer of credit, including grades and semester hours for all courses taken by this student. 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.

PLEASE SEND THIS STUDENT'S FINAL PROGRAM TRANSCRIPT TO:

NAME _____

NAME _____

TITLE _____

TITLE _____

INSTITUTION _____

INSTITUTION _____

STREET _____

STREET _____

CITY _____ STATE _____ ZIP CODE _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____

EMAIL _____

SIGNATURE _____ DATE _____

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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.

Add any additional comments you might care to make concerning this student's eligibility and/or qualifications for acceptance into Gonzaga-in-Florence.

NAME

PHONE

POSITION

EMAIL

INSTITUTION

SIGNATURE

DATE