

GONZAGA-IN-FLORENCE



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.GonzagainFlorence.org • studyabroad@gonzaga.edu

INDICATE THE TERM FOR WHICH YOU ARE APPLYING: <input type="checkbox"/> SUMMER 2012 <input type="checkbox"/> ACADEMIC YEAR 2012/2013 <input type="checkbox"/> FALL 2012 <input type="checkbox"/> SPRING 2013 <input type="checkbox"/> EDUCATION TRACK SPRING 2013 <input type="checkbox"/> ENGINEERING TRACK SPRING 2013	GONZAGA STUDENT APPLICATION CHECKLIST: <input type="checkbox"/> APPLICATION COMPLETED AND SIGNED BY THE APPLICANT <input type="checkbox"/> \$50 NON-REFUNDABLE APPLICATION FEE PAID ON CASHNET <input type="checkbox"/> TWO ACADEMIC RECOMMENDATIONS (<u>ONE FOR SUMMER</u>) <input type="checkbox"/> COPY OF PICTURE PAGE OF PASSPORT (IF AVAILABLE) <input type="checkbox"/> ACADEMIC CLEARANCE FORM – SUBMIT ONLINE <input type="checkbox"/> STUDENT LIFE CLEARANCE FORM – SUBMIT ONLINE	FOR OFFICE USE: DATE RECEIVED DATE CASHNET PAID
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STUDENT INFORMATION

CLASS STATUS FR SO
 JR SR

GU ID _____

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

PREFERRED NAME _____ DATE OF BIRTH (MM/DD/YEAR) _____ FEMALE MALE

EMAIL _____ @ZAGMAIL.GONZAGA.EDU

CUMULATIVE GPA _____ MAJOR(S) _____ MINOR(S) _____

ITALIAN LANGUAGE CREDITS: CLASS LEVEL COMPLETED _____ CURRENTLY TAKING _____

OTHER COLLEGES/UNIVERSITIES ATTENDED (INCLUDE DATES ATTENDED) _____

YOUR CAMPUS CONTACT INFORMATION

(_____) - _____ - _____ (_____) - _____ - _____
 PHONE CELL HOME ALTERNATE PHONE CELL HOME

MAIL HERE FROM ____/____/____ TO ____/____/____

GU MSC BOX _____

STREET _____ APT NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

PASSPORT INFORMATION

DO YOU HAVE A PASSPORT VALID FOR 6 MONTHS BEYOND THE END OF THE PROGRAM?
 YES NO/EXPIRED RENEWING APPLYING

IF APPLYING OR RENEWING A PASSPORT, APPLY NOW. IT CAN TAKE 4-6 WEEKS TO RECEIVE A PASSPORT. AN ITALIAN STUDENT VISA IS REQUIRED FOR YEAR/SEMESTER STUDENTS. THE PASSPORT WILL BE NEEDED 90 DAYS BEFORE THE PROGRAM BEGINS.

COUNTRY OF CITIZENSHIP(S) _____

WILL YOU BE TRAVELING ON A US PASSPORT? Yes No _____
 IF NO, FROM WHICH COUNTRY? _____

PASSPORT NUMBER _____ EXPIRATION DATE (MM/DD/YEAR) _____

ISSUING AUTHORITY _____

PERMANENT CONTACT INFORMATION

STREET _____ APT NUMBER _____

CITY _____ COUNTY CITY IS LOCATED _____

STATE _____ ZIP CODE _____

(_____) - _____ - _____ (_____) - _____ - _____
 PHONE CELL HOME ALTERNATE PHONE CELL HOME

PARENT/GUARDIAN CONTACT (FATHER)

FIRST NAME _____ LAST NAME _____

(_____) - _____ - _____ (_____) - _____ - _____
 PREFERRED PHONE HOME CELL WORK ALTERNATE PHONE HOME CELL WORK

EMAIL _____

OCCUPATION _____ EMPLOYER _____

MAILING ADDRESS SAME AS PERMANENT ADDRESS

STREET _____ APT NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

PARENT/GUARDIAN CONTACT (MOTHER)

FIRST NAME _____ LAST NAME _____

(_____) - _____ - _____ (_____) - _____ - _____
 PREFERRED PHONE HOME CELL WORK ALTERNATE PHONE HOME CELL WORK

EMAIL _____

OCCUPATION _____ EMPLOYER _____

MAILING ADDRESS SAME AS PERMANENT ADDRESS

STREET _____ APT NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

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): _____

IDENTIFY FAMILY MEMBERS WHO ATTENDED THE GONZAGA-IN-FLORENCE PROGRAM: (IF MORE THAN FOUR, ATTACH A SEPARATE SHEET.)

NAME	RELATIONSHIP	YEAR ATTENDED	NAME	RELATIONSHIP	YEAR ATTENDED
NAME	RELATIONSHIP	YEAR ATTENDED	NAME	RELATIONSHIP	YEAR ATTENDED

ACTIVITIES & HONORS:

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 any accommodations will be needed for a medical condition, contact the Gonzaga DREAM Office at 509.313.4134 or visit www.gonzaga.edu/dream. There is a process for securing accommodations that can take several weeks.

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.

HOW DO YOU PLAN ON FINANCING THE GONZAGA-IN-FLORENCE PROGRAM?

- PERSONAL FUNDS (SELF, PARENTS) FINANCIAL AID SCHOLARSHIPS OTHER (PLEASE SPECIFY): _____

GIF YEAR/SEMESTER: With the exception of work study awards and some performance scholarships, all GU financial aid applies to the program.

RELEASE OF INFORMATION:

I give my permission to Gonzaga Study Abroad and the Gonzaga-in-Florence office to share information regarding my name, school, email address, flight arrival, and Opening Tour hotel assignments with other Gonzaga-in-Florence program participants. YES NO

I give my permission to the Gonzaga Study Abroad office to release materials regarding the Gonzaga-in-Florence program to my parent(s) or legal guardian(s). Such information may include, but may not be limited to: copy of the pre-departure program guide; documents for the Italian visa; and Opening and Christmas Tour email updates. YES NO

APPLICATION INFORMATION:

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

ACADEMIC RECOMMENDATION FORM:

Two academic recommendations are required (only one recommendation for summer program) from faculty who have instructed you in a three credit course. Each recommendation is to be returned to you or the Study Abroad office in a signed, sealed envelope. List your academic recommender(s):

NAME	POSITION	PHONE	EMAIL
NAME	POSITION	PHONE	EMAIL

NOTE: All business majors and minors applying for the year or semester program must have this application signed by their academic advisor in the School of Business. Completion of prerequisite business courses is required to enroll in upper division business courses offered in Florence.

SCHOOL OF BUSINESS SIGNATURE

DATE

STUDENT AGREEMENT:

I will take at least 12 credits per semester (6 credits for summer), 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.

STUDENT SIGNATURE

DATE