GONZAGA-IN-FLORENCE

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

INDICATE THE TERM FOR WHICH YOU ARE APPLYING:

☐ SUMMER 2012 ☐ SPRING 2013
☐ ACADEMIC YEAR 2012/2013 ☐ EDUCATION TRACK SPRING 2013
☐ FALL 2012 ☐ ENGINEERING TRACK SPRING 2013

NAME OF COLLEGE/UNIVERSITY CURRENTLY ATTENDING

NON-GONZAGA STUDENT APPLICATION CHECKLIST:

☐ APPLICATION & ESSAY SIGNED BY THE APPLICANT
☐ $50 NON-REFUNDABLE APPLICATION FEE PAID ON CASHNET
☐ ONE ACADEMIC RECOMMENDATION
☐ COPY OF PICTURE PAGE OF PASSPORT (IF AVAILABLE)
☐ PROGRAM APPROVAL FORM
☐ OFFICIAL TRANSCRIPTS FROM ALL COLLEGES/UNIV. ATTENDED

FOR OFFICE USE:

DATE RECEIVED

DATE CASHNET PAID

STUDENT INFORMATION

_____ _____ _____ CLASS STATUS ☐ FR ☐ SO ☐ JR ☐ SR
SOCIAL SECURITY #

FIRST NAME | MIDDLE NAME | LAST NAME

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

EMAIL

CUMULATIVE GPA | MAJOR(S) | MINOR(S)

ITALIAN LANGUAGE CREDITS: (NOT REQ. FOR SUMMER) | 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 _____ /_____ /_____

STREET

CAMPUS BOX/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

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):_____
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 office 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.

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:

ESSAY: 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 is to 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: Send your official transcript from all colleges/universities attended to:
Gonzaga University Study Abroad, AD Box 85, 502 E. Boone Avenue, Spokane, WA 99258-0085

ACADEMIC RECOMMENDATION FORM: One academic recommendation is required from one of your professors. The recommendation is to be returned to you in a signed, sealed envelope. Enclose with your application. List your academic recommender:

NAME	POSITION	PHONE	EMAIL

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