

FACULTY-LED STUDY ABROAD

SUMMER 2012



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.GoAbroadZAGS.org • studyabroad@gonzaga.edu

<p>INDICATE THE PROGRAM FOR WHICH YOU ARE APPLYING:</p> <p><input type="checkbox"/> BELIZE: Biology in Belize <input type="checkbox"/> MEXICO: Cuernavaca</p> <p><input type="checkbox"/> BENIN: Gonzaga-in-Benin <input type="checkbox"/> TURKEY: Origins & Empires</p> <p><input type="checkbox"/> COLOMBIA: Global Water Issues <input type="checkbox"/> ZAMBIA: Gonzaga-in-Chimfunshi</p> <p><input type="checkbox"/> ENGLAND: Spirituality & the Arts <input type="checkbox"/> ZAMBIA: Gonzaga-in-Monze</p> <p><input type="checkbox"/> ITALY: History & Art in Rome <input type="checkbox"/> ZAMBIA: Gonzaga-in-Zambezi</p> <p><input type="checkbox"/> JAPAN: Osaka Nursing <input type="checkbox"/> OTHER: _____</p>	<p>APPLICATION CHECKLIST:</p> <p><input type="checkbox"/> APPLICATION & ESSAY SIGNED BY THE APPLICANT</p> <p><input type="checkbox"/> \$50 NON-REFUNDABLE APPLICATION FEE PAID ON CASHNET</p> <p><input type="checkbox"/> TWO ACADEMIC RECOMMENDATIONS</p> <p><input type="checkbox"/> COPY OF PICTURE PAGE OF PASSPORT (IF AVAILABLE)</p> <p><input type="checkbox"/> ACADEMIC CLEARANCE FORM – SUBMIT ONLINE</p> <p><input type="checkbox"/> STUDENT LIFE CLEARANCE FORM – SUBMIT ONLINE</p>	<p>FOR OFFICE USE:</p> <hr/> <p>DATE RECEIVED</p> <hr/> <p>DATE CASHNET PAID</p>
<p>STUDENT INFORMATION _____ CLASS STATUS <input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR _____ GU ID <input type="checkbox"/> SR <input type="checkbox"/> GRAD</p> <p>FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____</p> <p>_____ / _____ / _____ <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE PREFERRED NAME DATE OF BIRTH (MM/DD/YEAR)</p> <p>EMAIL _____ @ZAGMAIL.GONZAGA.EDU</p> <p>CUMULATIVE GPA _____ MAJOR(S) _____ MINOR(S) _____</p> <p>OTHER COLLEGES/UNIVERSITIES ATTENDED (INCLUDE DATES ATTENDED) _____</p>	<p>YOUR CAMPUS CONTACT INFORMATION</p> <p>(____)____-____-____ (____)____-____-____ PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME ALTERNATE PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME</p> <p>MAIL HERE FROM ____/____/____ TO ____/____/____</p> <p>_____ GU MSC BOX _____</p> <p>STREET _____ APT NUMBER _____</p> <p>CITY _____ STATE _____ ZIP CODE _____</p>	
<p>PASSPORT INFORMATION</p> <p>DO YOU HAVE A PASSPORT VALID FOR 6 MONTHS BEYOND THE END OF THE PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO/EXPIRED <input type="checkbox"/> RENEWING <input type="checkbox"/> APPLYING</p> <p><i>IF APPLYING FOR OR RENEWING A PASSPORT, APPLY NOW. IT CAN TAKE 4-6 WEEKS TO RECEIVE A PASSPORT. IF A STUDENT VISA IS REQUIRED, VISA PROCESSING CAN TAKE ADDITIONAL MONTHS PRIOR TO DEPARTURE FOR PROGRAM.</i></p> <p>COUNTRY OF CITIZENSHIP(S) _____</p> <p>WILL YOU BE TRAVELING ON A US PASSPORT? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ IF NO, FROM WHICH COUNTRY? _____</p> <p>PASSPORT NUMBER _____ EXPIRATION DATE (MM/DD/YEAR) _____</p> <p>ISSUING AUTHORITY _____</p>	<p>PERMANENT CONTACT INFORMATION</p> <p>STREET _____ APT NUMBER _____</p> <p>CITY _____ COUNTY CITY IS LOCATED _____</p> <p>STATE _____ ZIP CODE _____</p> <p>(____)____-____-____ (____)____-____-____ PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME ALTERNATE PHONE <input type="checkbox"/> CELL <input type="checkbox"/> HOME</p>	
<p>PARENT/GUARDIAN/SPOUSE CONTACT (FATHER)</p> <p>FIRST NAME _____ LAST NAME _____</p> <p>(____)____-____-____ (____)____-____-____ PREFERRED PHONE <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK ALTERNATE PHONE <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK</p> <p>EMAIL _____</p> <p>OCCUPATION _____ EMPLOYER _____</p> <p>MAILING ADDRESS <input type="checkbox"/> SAME AS PERMANENT ADDRESS</p> <p>STREET _____ APT NUMBER _____</p> <p>CITY _____ STATE _____ ZIP CODE _____</p>	<p>PARENT/GUARDIAN/SPOUSE CONTACT (MOTHER)</p> <p>FIRST NAME _____ LAST NAME _____</p> <p>(____)____-____-____ (____)____-____-____ PREFERRED PHONE <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK ALTERNATE PHONE <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK</p> <p>EMAIL _____</p> <p>OCCUPATION _____ EMPLOYER _____</p> <p>MAILING ADDRESS <input type="checkbox"/> SAME AS PERMANENT ADDRESS</p> <p>STREET _____ APT NUMBER _____</p> <p>CITY _____ STATE _____ ZIP CODE _____</p>	

HOW DID YOU LEARN ABOUT THIS FACULTY-LED PROGRAM?

- STUDY ABROAD FAIR STUDY ABROAD OFFICE GONZAGA UNIVERSITY WEBSITE STUDY ABROAD WEBSITE ADVERTISEMENT
- FORMER PARTICIPANT PROFESSOR/CLASS OTHER (PLEASE SPECIFY): _____

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.

RELEASE OF INFORMATION:

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 student participants. YES NO

APPLICATION INFORMATION:

This application will be reviewed for approval by the faculty leaders of the selected program.

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

CLEARANCE FORMS: All undergraduates students complete this form on the Study Abroad website. Clearance forms are not required for graduate students.

SHORT ANSWER & ESSAY PROMPTS: On a separate sheet of paper, respond to the following short answer and essay prompts.

1. Do you have any international or cross-cultural experience? If so, please describe.
2. Describe your most intense group living or traveling experience.

For the programs listed below, also respond to the following:

1. Benin & Zambia programs: Have you participated in a service-learning experience? If yes, when, where, and for what purpose?

ESSAY

Respond to the following questions in 500-750 typewritten words: What are the personal and academic goals you would like to accomplish on this study experience? What are the three most important skills or attributes you would contribute as part of the faculty-led program group?

ACADEMIC RECOMMENDATION FORM (all programs except Cuernavaca): Two academic recommendations are required 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
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NAME	POSITION	PHONE	EMAIL
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CUERNAVACA APPLICANTS ONLY: If you have not completed at least one semester of Spanish at Gonzaga before applying for the Cuernavaca program, please submit two letters of recommendation, at least one of which should be from a Spanish teacher from your previous school. If you have taken Spanish classes at Gonzaga, name your previous professors:

NAME	NAME
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LIST LAST TWO SPANISH COURSES:	COURSE	SEMESTER	GRADE RECEIVED	COURSE	SEMESTER	GRADE RECEIVED	SPRING 2012 SPANISH COURSE
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STUDENT AGREEMENT:

- I will enroll in the summer course(s) offered by the faculty-led program and will participate in the orientation programs.
- I will 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.
- I will abide by Gonzaga University's Code of Conduct and the laws of all 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 faculty and staff.
- The use of unapproved transportation or any unapproved travel in country will result in immediate dismissal from the course.
- Airfare and costs for return to the point of origin will be incurred by the student.

My signature indicates that the above information is factual and true, and that I will comply with the above agreement.

STUDENT SIGNATURE	DATE
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