SPONSORED STUDY ABROAD

STUDENT INFORMATION SHEET

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

INDICATE THE PROGRAM & TERM FOR WHICH YOU ARE APPLYING:

□ CASA, EL SALVADOR
□ HONORS: _____
□ SCHOOL FOR FIELD STUDIES: □ AUSTRALIA □ COSTA RICA □ TURKS & CAICOS
□ THE BEIJING CENTER, CHINA
□ TRINITY COLLEGE DUBLIN, IRELAND
□ UNIVERSITY OF GLASGOW, SCOTLAND (HONORS)
□ OTHER: _____

□ SUMMER_____ □ FALL_____ □ YEAR_____ □ SPRING_____

APPLICATION CHECKLIST:

☐ ALL PROGRAM APPLICATION MATERIALS SUBMITTED TO GU STUDY ABROAD
All applications should be processed through GU Study Abroad. The Study Abroad office will mail completed applications to the program provider.

☐ ACADEMIC CLEARANCE FORM – SUBMIT ONLINE

☐ STUDENT LIFE CLEARANCE FORM – SUBMIT ONLINE

FOR OFFICE USE:

_____
DATE RECEIVED

STUDENT INFORMATION

_____ CLASS STATUS ☐ FR ☐ SO ☐ JR ☐ SR
GU ID

_____ _____ _____
FIRST NAME MIDDLE NAME LAST NAME

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

_____ @ZAGMAIL.GONZAGA.EDU
EMAIL

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

_____
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 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.

_____
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/SPOUSE 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/SPOUSE 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