

GONZAGA STUDY ABROAD

GRANADA—LONDON—PARIS



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 & TERM FOR WHICH YOU ARE APPLYING:</p> <p><input type="checkbox"/> GONZAGA-IN-GRANADA <input type="checkbox"/> FALL 2012</p> <p><input type="checkbox"/> GONZAGA-IN-LONDON <input type="checkbox"/> SPRING 2013</p> <p><input type="checkbox"/> GONZAGA-IN-PARIS <input type="checkbox"/> ACADEMIC YEAR 2012/2013 (Paris only)</p>	<p>GONZAGA STUDENT APPLICATION CHECKLIST:</p> <p><input type="checkbox"/> APPLICATION COMPLETED AND SIGNED BY THE APPLICANT</p> <p><input type="checkbox"/> \$50 NON-REFUNDABLE APPLICATION FEE PAID ON CASHNET</p> <p><input type="checkbox"/> ESSAY—GRANADA & LONDON ONLY</p> <p><input type="checkbox"/> TWO 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</p> <p>_____ CLASS STATUS <input type="checkbox"/> FR <input type="checkbox"/> SO _____ GU ID <input type="checkbox"/> JR <input type="checkbox"/> SR</p> <p>FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____</p> <p>_____ <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE</p> <p>PREFERRED NAME _____ DATE OF BIRTH (MM/DD/YEAR) _____</p> <p>EMAIL _____ @ZAGMAIL.GONZAGA.EDU</p> <p>CUMULATIVE GPA _____ MAJOR(S) _____ MINOR(S) _____</p> <p>FRENCH LANGUAGE CREDITS: _____ SPANISH LANGUAGE CREDITS: CLASS LEVEL COMPLETED _____ CURRENTLY TAKING _____</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 ____/____/____ MM DD YY MM DD YY</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 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 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 STUDY ABROAD 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.

HOW DO YOU PLAN ON FINANCING THIS STUDY ABROAD PROGRAM?

- PERSONAL FUNDS (SELF, PARENTS) FINANCIAL AID SCHOLARSHIPS OTHER (PLEASE SPECIFY): _____
- With the exception of work study awards and some performance scholarships, all GU financial aid applies to the program. Check with the Financial Aid office for any possible exceptions.

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 students? YES NO

GRANADA/LONDON ONLY: Willamette University (Granada provider) and AHA (London provider) receive requests from students who wish to contact fellow program participants. Do you give your program provider permission to provide the name of your university and your telephone number and e-mail address to fellow students in the program? YES NO

APPLICATION INFORMATION:

GRANADA/LONDON ONLY: Write responses in English to the following in approximately 500 words for each question.

1. Introduce yourself to your potential homestay family. Describe yourself, your passions, your characteristics and why you are studying abroad in Granada, Spain/London, England.
2. Describe your goals for your semester studying in Granada/London. How will you prepare for this cultural immersion experience prior to departure?

PARIS ONLY: This application will be reviewed by Dr. Ben Semple, Paris Program Advisor, for final approval.

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

RECOMMENDATION FORMS: Each recommendation is to be returned to you or the Study Abroad office in a signed, sealed envelope.

GRANADA: Two academic recommendations are required from faculty members in the Spanish department.

LONDON: Two academic recommendations are required from faculty who have instructed you in a three credit course.

PARIS: Two academic recommendations are required, one from a member of the French faculty, and one from a professor who has instructed you in a three credit course.

List your academic recommender(s):

NAME	POSITION	PHONE	EMAIL
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STUDENT AGREEMENT:

I will take at least 12 credits per semester, 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 and the laws of all countries while studying and 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 program provider and Gonzaga University.

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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