

GENERAL INFORMATION

How did you learn about Galapagos summer program? Professor Study Abroad Office Other : _____

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 academic adjustments or accommodations will be needed during your study abroad, please contact the Gonzaga University Disability Support Services six weeks in advance. The telephone number is (509) 323-4134.

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.

Consent to be contacted: Gonzaga frequently receives requests from students or parents who wish to contact current or previous participants in the program. Do you give Gonzaga's Study Abroad Office permission to provide your e-mail address to other students or interested parents? Yes No

TRANSCRIPT

The Study Abroad Office will obtain your Gonzaga transcript.

ACADEMIC SERVICES CLEARANCE FORM: Complete and sign this form before submitting it to the Academic Services office (Ad 326) for clearance. They will return it to the Study Abroad Office.

STUDENT LIFE CLEARANCE FORM: Complete and sign this form before submitting it to the Student Life Office (Ad 120) for clearance. They will return it to the Study Abroad Office.

RECOMMENDATION FORM: Two **academic recommendations**, at least one should be from one of your instructors in your major. List the name of your recommender:

Name: _____ Position: _____ Tel: (____) _____ E-mail: _____

Name: _____ Position: _____ Tel: (____) _____ E-mail: _____

SHORT ANSWER QUESTIONS:

Do you have any international or cross-cultural experience? If so, please describe.

What are your academic and career plans after graduation?

Are you comfortable around small boats and wading and swimming in salt water?

PERSONAL ESSAY: Please include an essay (500-750 words, typewritten) in response to the following questions: What are the personal and academic goals you would like to accomplish on this study experience? What was your most intense group living or traveling experience? What are the three most important skills or attributes you would contribute as part of the Galapagos group?

AGREEMENT:

I will take enroll in Biology 159 or Biology 359, (Field Studies in Biodiversity), 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, the laws of Ecuador 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 faculty and staff.

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

ECUADOR

Academic Recommendation

Summer 2008

Student's Name: _____

TO BE COMPLETED BY AN INSTRUCTOR WHO HAS TAUGHT THIS STUDENT.

When and what course(s) did you teach this student?

Are there any special considerations of which we should be aware?

The following categories are intended merely as guidelines. Please check the boxes or use the space provided for comments. We are interested in a complete evaluation of whatever you deem important in describing this student.

	Do not know	Below Average	Average	Above Average	Outstanding
Academic ability					
Academic motivation					
Class attendance					
Intellectual maturity					
Respect for faculty					
Respect for students					
Reaction to setbacks					
Ability to adjust					
Social skills					

Would you invite this student on a program if you were the director? Yes No Why?

In light of above, please check one:

- I recommend this applicant without reservation.
- I have minor reservations about this applicant's participation.
- I do not know the applicant well enough to recommend.
- I cannot recommend this applicant.

Complete and return this form to the student in a signed, sealed envelope.

Name: _____

Position: _____

Institution: _____

Department: _____

Address: _____

Tel: (_____) _____

City _____ State _____ Zip _____

E-mail: _____

Signature: _____

Date: _____

ECUADOR

Academic Recommendation

Summer 2008

Student's Name: _____

TO BE COMPLETED BY AN INSTRUCTOR WHO HAS TAUGHT THIS STUDENT.

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Name: _____

Position: _____

Institution: _____

Department: _____

Address: _____

Tel: (_____) _____

E-mail: _____

City State Zip

Signature: _____

Date: _____



PLEASE RETURN TO:
 Gonzaga University, Study Abroad
 Ad Box 85
 Tel: (509) 323-3549
 Fax: (509) 323-5987
 E-mail: studyabroad@gonzaga.edu
www.gonzaga.edu/studyabroad

Student Life Office Study Abroad Clearance

TO THE STUDENT:

Applications for all study abroad programs require clearance from the Student Life office.

Please complete and sign the top section of the form using black ink. Submit the form to the Student Life office in Ad 120. The Student Life office will return the form directly to the Study Abroad Office.

Name: _____ School ID #: _____
First Middle Last

Current Status (check one): Fr So Jr Sr Telephone: (____) _____

Name of program applying to: _____ E-mail: _____

I am applying to (check one): Summer 2008 Academic Year 2008-2009 Fall Term 2008 Spring Term 2009

Authorization to Release Information:

I hereby waive my right to access information on this form and request that it be completed and forwarded to the Study Abroad office.

Signature: _____ Date: _____

TO THE STUDENT LIFE OFFICE:

Is this student a full-time undergraduate in good standing? Yes No
 If no, please explain.

Has this student been involved in any serious disciplinary action? Yes No
 If yes, please explain.

Does this student have your approval to study abroad? Yes Yes with reservations No
 If yes with reservations, or no, please explain.

Please add any additional comments you might care to make concerning this student's eligibility and/or qualifications for acceptance into the study abroad program.

Name: _____ Title: _____ Date: _____



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Academic Services Office Study Abroad Clearance

TO THE STUDENT:

Applications for all study abroad programs require clearance from the Academic Services office.

Please complete and sign the top section of the form using black ink. Submit the form to the Academic Services office, Ad 326. The Academic Services office will return the form directly to the Study Abroad office.

Name: _____ School ID #: _____
First Middle Last

Current Status (check one): Fr So Jr Sr Telephone: (____) _____

Name of program applying to: _____ E-mail: _____

I am applying to (check one): Summer 2008 Academic Year 2008-2009 Fall Term 2008 Spring Term 2009

Authorization to Release Information:

I hereby waive my right to access information on this form and request that it be completed and forwarded to the Study Abroad office.

Signature: _____ Date: _____

TO THE ACADEMIC SERVICES OFFICE:

Is this student a matriculated undergraduate? Yes No
 If no, please explain.

Is this student in good academic standing? Yes No
 If yes, please explain.

Has this student ever been on academic probation? Yes No
 If yes, please explain.

Has this student ever been found in violation of the academic honesty policy? Yes No
 If yes, please explain?

Has this student ever been on academic honor probation or suspension? Yes No
 If yes, please explain.

Does this student have your approval to study abroad? Yes Yes with reservations No
 If yes with reservations, or no, please explain.

Please add any comments you might care to make concerning this student's eligibility and/or qualifications for acceptance into the study abroad program.

Name: _____ Title: _____ Date: _____