

Instructions

- This Application Form is used for most Overseas Academic Programs sponsored by any State University of New York campus.
- **Check** with the administering campus for any special instructions needed to complete this application (also see section below).
- **Complete** this application form. If you are interested in more than one program, rank them in order of your preference. If the programs are administered by different SUNY schools, send a set of copies of all forms to each administering campus. All choices will be considered with equal prospect of acceptance. If you are accepted into several programs, you will be able to choose the one in which you wish to participate.
- **Take** your application to the Study Abroad Office at your home campus for signature.
- **Keep** a photocopy of your completed application (OAP 1) for your records.
- **Submit** the application and all supporting documents to the administering campus as each portion is completed.
- **Send** an official academic transcript from your current school and any other colleges where you have completed coursework to the Administering SUNY Campus. Federal laws prohibit the campus from obtaining this document: you must request it yourself.
- **Note:** It is recommended that you send in your materials well before the deadline. Check with the administering campus for the deadline. Late applications are sometimes considered on a space-available basis. If the deadline has passed, contact the administering campus for instructions.

Checklist

A complete Application includes all of the following:

- ~ Completed Application Form (Form OAP 1, two pages)
- ~ Confidential Academic Reference Form #1 (Form OAP 4, one page)
- ~ Official Transcript(s) from all colleges / universities attended
- ~ Judicial Review form, completed by student's home campus

Please send all materials by mail or email to:

International Education
280 Central Ave.
Fredonia, NY 14063
E: international.education@fredonia.edu

Students who have previously been convicted of a felony are advised that their prior criminal history may impede their ability to complete the requirements of certain academic programs, such as study abroad. Students who have concerns are encouraged to contact the Office of International Education.

Please type or print with ballpoint pen.

Application for:

Name: _____
Last First Middle

Program Location Abroad:

University Abroad or Program Name City Country Administering SUNY Campus

Study Period for which you are applying – check one:

Fall Spring Academic Year Summer Winter (J-Term) Year: _____

How did you learn about this program? _____

Personal Information *(Please notify us of any change of address, email, or telephone number.)*

Birth Date: ____/____/____ Place of Birth: _____ Sex (M/F): ____ Married? (Y/N) ____
Mo Day Year City / State Country

Country of Citizenship: _____ Visa Status (if not a U.S. citizen): _____

Student ID #: _____ Home Campus: _____

Local Address: _____ Telephone: (____) _____
Number, Street Apartment #

City State Zip Code E-mail: _____

My local address can be used until the following date: ____/____/____ Passport Number: _____
Mo Day Year

Permanent Address: _____
Number, Street Apartment #

City County State Zip Code Telephone: (____) _____

Academic Status

Major: _____ Minor: _____

Concentration: _____ Academic Advisor: _____

Freshman Sophomore Junior Senior Graduate Student GPA (major, estimated): _____ GPA (cumulative): _____

Number of Credits Completed to Date: Undergraduate: _____ Graduate: _____ Graduation Date: _____

Number of Credits Currently Enrolled: Undergraduate: _____ Graduate: _____

Your Name _____

Program Location Abroad _____

Administering SUNY Campus _____

Academic Background

Colleges or Universities Attended:

Name	Dates (from – to)	Credits	Degrees	Honors
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List language courses (except English) or other courses you have taken that have prepared you for this program:

Title	Credits	Grade	H.S. or College?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Contact Information *(Please notify us of any change of address or telephone number.)*

Name and Address of Parent or Guardian (if under 21):

Name _____ (_____) _____
 Home Telephone

Street _____ (_____) _____
 Cell or Daytime Telephone

City _____ State _____ Zip Code _____

E-mail: _____

Name and Address of person to contact in case of emergency:

Name _____ (_____) _____
 Home Telephone

Street _____ (_____) _____
 Cell or Daytime Telephone

City _____ State _____ Zip Code _____

E-mail: _____

Miscellaneous

Please use checkmarks below to describe your plans for financing your participation in an overseas study program.

Financial Aid: _____ Scholarships: _____ Grants: _____ Loans: _____ Parent / Guardian Assistance: _____ Savings: _____

Other Assistance Sources (please describe): _____

State briefly any additional information that may be useful in evaluating your candidacy, including any travel or residence in other countries or regions of the U.S. or anything else you wish to point out about yourself or your academic record:

Student's Signature _____

Date _____

Home Campus Study Abroad Office Signature:

I am aware that this student is applying to the SUNY study abroad program(s) listed on page 1:

Name (please print) _____ Title, Department: _____

Signature: _____

Date: _____

Institution: _____

Your Name _____

Program Location Abroad _____

Administering SUNY Campus _____

Address of International Education Office at Administering SUNY Campus _____

To the Student

This **academic reference** should be given to a professor who knows you well and is able to judge your academic qualifications for study abroad. A letter of recommendation on letterhead is also acceptable.

As this letter is confidential, it should be sent directly to the Administering SUNY Campus by the person writing the letter. You must provide a stamped, addressed envelope for this purpose. You may submit this letter yourself if it has been placed in a sealed envelope and has been signed over the seal by the person writing the reference.

I waive my right to access this reference completed by _____ Yes No

Name of Reference

Student's Signature: _____ Date: _____

To the Reference

Please return this form to the International Education Office at above address.

The student named above is applying for the designated State University of New York overseas academic program. We would appreciate your assessment of the applicant's attributes with which you are familiar. You may also attach a letter of recommendation.

How long and in what capacity have you known the student? _____

Academic attributes

	Excellent	Very Good	Good	Fair	Poor	No Evaluation
Competence in major or specialization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic interest and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Non-academic attributes

	Excellent	Very Good	Good	Fair	Poor	No Evaluation
Level of maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to adapt to new or unstructured circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence and self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate well to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-mindedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please state frankly your opinion of this candidate's ability to suitably represent both their home campus and the USA in a study abroad program, weighing both strong and weak points. Please use the space below or the reverse side of this page. You may also add or attach a letter of recommendation.

Your Name (please print) _____ Title, Department: _____

Signature: _____ Date: _____ Institution: _____

JUDICIAL REVIEW FOR STUDY ABROAD
Overseas Academic Program



The State University of New York requires a judicial review of all applicants for its study abroad programs. It is necessary for us to be informed of any judicial record that exists for any participant. The existence of judicial records at the participant's home university does not necessarily mean denial of admission to a program; however, the information must be reviewed by the Study Abroad Office on the campus responsible for the program in order for a determination to be made. Each applicant, regardless of home campus, is required to provide this authorization even if there is no judicial record. Students must also inform their home campus Study Abroad Office about their intention to study abroad.

Instructions for the Student: Please complete Section I of this form and then take the form to the Judicial Officer on your home campus. Be sure to fill in your name at the top of page 2.

Fredonia students can drop off this form to the Office of Student Conduct, Williams Center S212, Fredonia, NY 14063.

Instructions for the judicial officer: The student named on this form has authorized release of his/her judicial record to the Study Abroad Office at Fredonia. Please complete the second section of this form and then **return both pages of this form** to us **directly** by mail or fax or as a PDF scan via email to the address/fax/email at the end of this form. A prompt response is appreciated.

I. To Be Completed by the Student:

Last Name First Name Campus ID#

Home Campus Program Abroad & Administering Campus

Have you ever been convicted of a felony? ____ Yes ____ No
If yes is checked, please submit an explanation of the felony and outcome with this form. You may be required to meet with the Office of International Education and Office of Student Conduct.

Have you ever been suspended, dismissed, or expelled from a college or university? ____ Yes ____ No
If yes is checked, please submit an explanation of the felony and outcome with this form. You may be required to meet with the Office of International Education and Office of Student Conduct.

Name of Judicial Officer on Your Home Campus Phone Number for Judicial Officer

Email Address for Judicial Officer Fax Number for Judicial Officer

Please give your consent by agreeing with your signature to the statement below.
Under the provisions of the Family Education Rights and Privacy Act, I authorize the judicial affairs officer named above to provide documentation and discuss all information related to any judicial affairs review on the campus at which I am matriculated with the appropriate Study Abroad Office staff members and, if appropriate, with the associated faculty program director, for the purpose of determining my participation in a study abroad program.

Student Signature Date Release Signed

Date This Release Expires and Is No Longer Valid. (Recommended: End of the semester in which you will be studying abroad)

JUDICIAL REVIEW FOR STUDY ABROAD
Overseas Academic Program

II. To Be Completed by the Judicial Affairs Officer

Student's Last Name

Student's First Name

1. _____ The student named above and on the reverse side of this form **has not received** a judicial sanction (probation or higher) on our campus.

2. _____ The student named above and on the reverse side of this form **has received** a judicial sanction (probation or higher) on our campus.

Effective Dates: _____

Level of Sanction: _____

Violation: _____

Printed Name of Individual Authorized to Complete This Form

Signature

Title

Date

Please return both pages of this form directly to Office of International Education:

Fredonia
7 LoGrasso Hall
Fredonia, NY 14063

Phone: (716) 673-3451
Fax: (716) 673-3175
Email: international.education@fredonia.edu