

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: _____ Apartment # _____
Number, Street

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: _____