

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: _____