

# STATE UNIVERSITY OF NEW YORK

## Overseas Academic Programs

# APPLICATION

*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: \_\_\_\_\_

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
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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
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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: \_\_\_\_\_