

Please type or print with ballpoint pen.

Application for:

Name: _____
Last First Middle

Program Location Abroad: (You may choose to apply for several programs. All choices will be considered with equal prospect of success.)

1st Choice: _____
University City Country Administering SUNY Campus

2nd Choice: _____
University City Country Administering SUNY Campus

3rd Choice: _____
University City Country Administering SUNY Campus

Study Period for which you are applying – check one:

~ Fall ~ Spring ~ Academic Year ~ Summer ~ Intersession Year: _____ Session (if applicable): _____

How did you learn about this program? _____

Personal Information (Please notify us of any change of address 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): _____

Home Campus: _____

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

_____ E-mail: _____
City State Zip Code

My local address can be used until the following date: ____/____/____ E-mail valid until: ____/____/____
Mo Day Year Mo Day Year

Permanent Address: _____
Number, Street Apartment #

_____ Telephone: (____) _____
City County State Zip Code

Academic Status

Major: _____ Minor: _____

Specialty within major field: : _____ Academic Advisor: _____

~ Freshman ~ Sophomore ~ Junior ~ Senior ~ Master ~ Doctorate GPA (major, estimated): ____ GPA (cumulative): ____

Semester Credits Completed To Date: Undergraduate: _____ Graduate: _____

Semester 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 describe your plans for financing your participation in an overseas study program by indicating the amount of money you expect to receive from each source.

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 of form OAP 1:

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

Signature: _____ Date: _____ Institution: _____