STATE UNIVERSITY OF NEW YORK Overseas Academic Programs

Please type or print with ballpoint pen.

Application for:									
Name:Last		First			Middle				
	(You may choose to apply for								
Program Location Abroad: (You may choose to apply for several programs. All choices will be considered with equal prospect of success.)									
1 st Choice: University		City		Country	Administering SUNY Campus				
2 nd Choice:University									
University		City		Country	Administering SUNY Campus				
3 rd Choice: University		City		Country	Administering SUNY Campus				
		·		Country	Administering 501(1 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 thi	is program?								
Personal Information (<i>Please notify us of any change of address or telephone number.</i>)									
Birth date://	Place of Birth:			S	ex (M/F): Married? (Y/N)				
Country of Citizenship:			Visa Sta	tus (if not a U.S. c	tizen):				
Home Campus:									
Local Address:				Telephone	()				
	Number, Street		Apartment #						
City	State	Zip Cod		E-mail:					
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 #				
City	County	State	Zip Code	Telephon	e: ()				
Academic Status									
			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:									

STATE UNIVERSITY OF NEW YORK **Overseas Academic Programs**

Administering SUNY Campus Your Name Program Location Abroad 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.*) **Miscellaneous** expect to receive from each source. Financial Aid: _____ Scholarships: _____ Grants: _____ Loans: _____ Parent / Guardian Assistance: _____ Savings: _____ Other Assistance Sources (please describe):_____ 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:

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Name and Address of Parent or Guardian (if under 21):			Name and Address of person to contact in case of emergency:			
Name		_ () Home Telephone	Name		() Home Telephone	
Street		Cell or Daytime Telephone	Street		() Cell or Daytime Telephone	
City	State Zip	Code	City	State	Zip Code	
E-mail:			E-mail:			

Please describe your plans for financing your participation in an overseas study program by indicating the amount of money you

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: