

*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.)

1<sup>st</sup> Choice: \_\_\_\_\_  
University City Country Administering SUNY Campus

2<sup>nd</sup> Choice: \_\_\_\_\_  
University City Country Administering SUNY Campus

3<sup>rd</sup> 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.)

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ 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): \_\_\_\_\_

Social Security #: \_\_\_\_\_ 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: \_\_\_\_\_

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Your Name

Program Location Abroad

Administering SUNY Campus

**To the Student**

Write a concise statement of your proposed program of study abroad and how it will be related to your present academic program. Also describe the personal benefits you expect to receive from the program. Use the reverse side of this sheet and/or an additional page, if necessary. Sign your statement and submit it to your academic advisor for approval and signature. Then send it to the International Education Office of the Administering SUNY Campus.

**To the Advisor**

Please discuss with your advisee how this proposed program of study will complement his or her academic program. It is suggested that a copy of this signed form be retained in the student's advisement file.

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Name and Title of Academic Advisor

Advisor's Signature

Date