ADMISSION REQUIREMENTS

Applying to Tecnológico de Monterrey's international study abroad program is simple. If your current university has an international exchange program, Tecnológico de Monterrey is a wonderful place to spend part of your college education; or come on your own and be part of our international student community. Our program allows you, the international student, to apply for study during the semester and/or the summer session.

Send by courier or express mail the following documents: (please do not use regular mail)
- Tecnológico de Monterrey Admission Application form
- Your most recent school transcript with a minimum average of 80 (Mexican System) or a GPA of 2.5 (USA System). Cases of average between 70-79 (GPA 2.0 - 2.5) will be considered at length.
- Four passport-size photographs

Exchange students only:
- Send your documents through the Study Abroad Office at your university. Documents must be sent to the campus that manages the Program, even if the student is interested in attending another campus.
- Application form must be signed by your Study Abroad Advisor under the section "Approval".

Independent students only, in addition to the above, send:
- A letter of recommendation from a professor who knows your class work well.
- A non-refundable admission fee of $100 (US dollars). Check our website in the Expenses section for the methods of payment accepted at each campus.

HOUSING PROGRAMS

If you wish to apply for either a Residence Hall or the Host Family program, include the following along with your documents:
- A short essay about your family's lifestyle and habits. (Host Family Program only).
- A non-refundable reservation fee in US dollars. Check our website in the Expenses section for the methods of payment accepted at each campus.

    a) If you choose to live in a Residence Hall, this down payment is of $450 (US Dollars) and is credited toward the total cost of the program.
    b) If you participate in the Host Family program the down payment is $100 (US Dollars), this covers your administration fee. The balance due should be paid upon arrival.

INTERNSHIP PROGRAM

If you wish to complete an internship, include the following along with your documents:
- Your résumé in English and Spanish (with a recent photo).
- A short essay saying why it is important for you to participate in the Internship Program. Please don't forget to include the field in which you would like to complete your internship (e.g., Marketing, Sales, Human Resources, Planning, etc.)

VOLUNTEER SOCIAL WORK PROGRAM

If you wish to participate in our Volunteer Social Work Program, include the following along with your documents:
- A letter explaining reasons to participate in the program and stating your commitment to work at least 100 hours per semester in this program. Please specify the area you prefer to work in.

UPON ARRIVAL YOU MUST HAVE:

- Evidence of health insurance with coverage in Mexico. A copy of the policy or your insurance card will suffice.
- Student visa (FM3) or tourist visa (FMT) and current passport. You will receive further information on how to get the visa in your acceptance package.
- Taken Tecnológico de Monterrey's Spanish Placement Test if you wish to take courses in Spanish and are not a native Spanish speaker, and/or have sent your TOEFL/IELTS scores if you wish to take courses in English and are not a native English speaker.

---

1 Exchange students: those students that will participate in one of Tecnológico de Monterrey's programs by applying through an existing exchange agreement between the student's home university and Tecnológico de Monterrey. The student is required to pay tuition to their home university.
2 Independent students: those students that will participate in one of Tecnológico de Monterrey's programs by applying directly to Tecnológico de Monterrey. The student is required to pay tuition to Tecnológico de Monterrey.
INSTRUCTIONS

Clearly print the data requested in capital letters, since this information will be used to fill out official documents during your stay at Tecnológico de Monterrey. All the information requested will be treated as confidential and only used for administrative purposes.

IMPORTANT: Please send your documents by express mail or courier, do not use regular mail.

GENERAL INFORMATION

You need to fill out all of the data in this section. If not, your admission to Tecnológico de Monterrey may be denied.

Name: [Last Name] [Mother's Maiden Name] [Given Name(s)]

Date of Birth: [Month] [Day] [Year] Gender: Female ☐ Male ☐

Place of Birth: [State/Province] [Country]

Citizenship: [ ]

E-mail: You will receive all notifications regarding admissions at this e-mail address

Permanent address: [Number] [Street] [City]

[State/Province] [Zip Code] [Country]

Telephone: [Country Code] [City Code] [Number]

Fax: [Country Code] [City Code] [Number]

In case of an emergency, please notify:

Name: [ ]

Telephone: [Country Code] [City Code] [Number]

1 Please check with your closest Mexican Embassy or Consulate for immigration procedures. Some nationalities are requested to process their student visa at least 6 months prior to the beginning of the program.

2 Only independent students will receive their acceptance package at this address.

MEDICAL INFORMATION

Blood Type: ____________

Allergies to medications: ____________________________

Allergies in general:

Indicate any present emotional or physical condition which could require medical attention during your stay in Mexico.

(Please specify the medication that will be prescribed during your stay, and provide a brief explanation of your condition):

Important remarks if medical attention is required:

If you have attended Tecnológico de Monterrey before, please complete the following:

Student [matrícula] number: ________________________

Campus attended: ________________________________

Academic period: ________________________________
ACADEMIC INFORMATION

School or company name:

Academic Area:
☐ Administration
☐ Agriculture
☐ Social Sciences
☐ Sciences
☐ Humanities
☐ Engineering
☐ Other (specify):

Type of Agreement under which you are participating:
☐ Bilateral exchange agreement between your university and Tecnológico de Monterrey
☐ Other agreement. Specify: _________________________________________________________________________________
(i.e. ISEP, RAMP, CREPUQ, FNAMHE, etc.)
☐ None (independent student)

Level at which you wish to enroll at Tecnológico de Monterrey:
☐ Undergraduate
☐ Graduate (after 4 years of college education or an equivalent)

Academic period in which you intend to enroll (check all that apply):

Undergraduate:
☐ January–May 20
☐ Campus:
☐ August–December 20
☐ Campus:
☐ 6-week Summer
☐ Junio–Julio 20
☐ Campus:
☐ 4-week Summer
☐ June 20
☐ July 20
☐ Campus:
☐ (only Guadalajara or Monterrey)
☐ Other
☐ From: _________________
☐ To: _________________
☐ Campus:

Business Graduate:
☐ January–April 20
☐ Campus:
☐ April–July 20
☐ Campus:
☐ July–August 20
☐ Campus:
☐ September–December 20
☐ Campus:
☐ Other
☐ From: _________________
☐ To: _________________
☐ Campus:

Non-Business Graduate:
☐ January–May 20
☐ Campus:
☐ Jun–July 20
☐ Campus:
☐ August–December 20
☐ Campus:
☐ Other
☐ From: _________________
☐ To: _________________
☐ Campus:

Classes you wish to take:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Please specify if you wish to participate in any of the following programs:

Internship program
☐ Yes ☐ No
Volunteer Social Work program
☐ Yes ☐ No
Other. Please specify name of the program: ___________________________________________________________________
WORK EXPERIENCE

This section should be completed only by those students applying as graduate level students or its equivalent.

Areas in which you have work experience

______________________________
______________________________
______________________________

Relevant work experience, in months:

______________________________
______________________________
______________________________

Specify the last three organizations at which you have worked (since college graduation).

<table>
<thead>
<tr>
<th>ORGANIZATION 1</th>
<th>ORGANIZATION 2</th>
<th>ORGANIZATION 3</th>
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<tbody>
<tr>
<td>Position</td>
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<tr>
<td>City, State, Country</td>
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<tr>
<td>Entrance date – departing date</td>
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<tr>
<td>Organization’s Industry (specify number*)</td>
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<tr>
<td>Size of the organization (specify number**)</td>
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</tr>
<tr>
<td>Organizational Area (Specify Number*** )</td>
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</tbody>
</table>

*Organization's Industry
1. Accounting
2. Advertising
3. Banking
4. Consulting Services
5. Financial Services
6. Recreational Services (entertainment, restaurants, travel, etc.)
7. Insurance
8. Other services

**Size of the organization
1. Less than 100 employees
2. From 100-499 employees
3. From 500-1,999 employees
4. From 2,000-9,999 employees
5. From 10,000 to 50,000 employees
6. More than 50,000 employees

*** Organizational Area
1. Planning
2. Finance
3. Accounting
4. Treasury
5. Marketing
6. Sales
7. Human Resources
8. Information Systems
9. Communication
10. Production/Operation
11. Other

No–lucrative Organizations
15. Government
16. Public services
17. Other non–lucrative organizations
HOUSING

These arrangements will be made for your first term at Tecnológico de Monterrey. If you will remain in Mexico for a second term, you shall make your living arrangements during the stay of your first term.

In order to make a reservation in the Residence Halls or Family Program, it is MANDATORY to send a non-refundable reservation fee in US dollars. Check our website in the Expenses section for the methods of payment accepted at each campus. NO RESERVATION will be made if this check is not received. The sooner this payment is sent, the higher your chances of getting the type of accommodations you request.

Check the type of housing you wish:

☐ I will find my own accommodation ☐ Residence Halls ☐ Family Program
(Please send $450 usd for your reservation)
(Please send $100 usd for your reservation)

If you wish to make a reservation in a Residence Hall (Guadalajara, Monterrey and Queretaro), please answer the following section:

Type of room: ☐ Double ☐ Single
(Campus Monterrey only. Limited availability.)
Air conditioning: ☐ No ☐ Yes
(Campus Monterrey only. Limited availability.)

If you wish make a reservation in the Family Program (except at Campus Toluca), please answer the following section:
(The following information will help us find the most appropriate family for you. We cannot assure that your data will completely match that of the home to which you will be assigned).

I prefer a family with children
I prefer a single room (limited availability)
I smoke
I can avoid smoking in the house
I drink alcoholic beverages
I mind pets inside the house
I am a vegetarian

Dietary restrictions:

______________________________________________________________
______________________________________________________________

I have lived ______ years ______ months away from home.

I consider myself to be:
☐ Serious
☐ Studious
☐ Independent
☐ Relaxed
☐ Sociable
☐ Expressive
☐ Well-organized
☐ Cautious
☐ Energetic
☐ Shy

I am:
☐ Single
☐ Married
☐ Divorced
☐ Widowed

Please write a short essay about your family life, as well as an explanation of your reasons to participate in the Host Family Program, and include it with the other papers annexed to this application.
STUDENT STATEMENT

I have completely read and answered all of the questions on this application to my best knowledge. If I am admitted to Tecnológico de Monterrey, I agree to follow its rules and those of the campus I will attend.

I am aware that if I have omitted data on my application, my admission to Tecnológico de Monterrey may be denied and the International Programs Office will not make any arrangements for my housing. In the event that I cancel, my payment for the reservation and the administrative fee (if an independent student) will not be refunded.

I agree that my Academic Exchange Program Coordinator will have to sign my application in order to receive the benefits of the agreement between my university and Tecnológico de Monterrey.

Date Name Student's signature

APPROVAL (for exchange students only)

Only for the use of the Academic Exchange Program Coordinator at the university from which the student is applying.

I authorize participation by the student who has filled out this form under the Academic Exchange Program between Tecnológico de Monterrey and our school.

Date Name Program Coordinator’s Signature

Coordinator’s email:

Comments or recommendations by the Program Coordinator regarding the student:
# Application Form

## State University of New York
Overseas Academic Programs

### Academic Background

<table>
<thead>
<tr>
<th>Colleges or Universities Attended:</th>
<th>Dates (from – to)</th>
<th>Credits</th>
<th>Degrees</th>
<th>Honors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
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</table>

List language courses (except English) or other courses you have taken that have prepared you for this program:

<table>
<thead>
<tr>
<th>Title</th>
<th>Credits</th>
<th>Grade</th>
<th>H.S. or College?</th>
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</tbody>
</table>

### Contact Information

*(Please notify us of any change of address or telephone number.)*

<table>
<thead>
<tr>
<th>Name and Address of Parent or Guardian (if under 21):</th>
<th>Name and Address of person to contact in case of emergency:</th>
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<tbody>
<tr>
<td>Name</td>
<td>Name</td>
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<td>Home Telephone</td>
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<td>Street</td>
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<td>Cell or Daytime Telephone</td>
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<td>City</td>
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<td>State</td>
<td>State</td>
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<tr>
<td>Zip Code</td>
<td>Zip Code</td>
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</tbody>
</table>

| E-mail:                                               | 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:
Please type or print with ballpoint pen.

Application

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.)

Birthdate: __/__/_____ Place of Birth: ___________________________ Sex (M/F): ______ Married? (Y/N): ______
Mo Day Year City / State Country


Social Security #: ___________________________ Home Campus: ___________________________

Local Address: ___________________________ Number, Street Apartment #: ______________ Telephone: (______) __________
City State Zip Code

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 #: ______________ 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: ______
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.

Name and Title of Academic Advisor
Advisor's Signature
Date
STATE UNIVERSITY OF NEW YORK  
Overseas Academic Programs  
CONFIDENTIAL REFERENCE FORM  
Academic Reference #1

Your Name

Program Location Abroad

Administering SUNY Campus

Address of International Education Office at Administering SUNY Campus

To the Student

This academic reference should be given to a professor who knows you well and is able to judge your academic qualifications for study abroad. A letter of recommendation on letterhead is also acceptable.

As this letter is confidential, it should be sent directly to the Administering SUNY Campus by the person writing the letter. You must provide a stamped, addressed envelope for this purpose. You may submit this letter yourself if it has been placed in a sealed envelope and has been signed over the seal by the person writing the reference.

I waive my right to access this reference completed by. 
Name of Reference   Date:
Student’s Signature:  □ Yes □ No

To the Reference  Please return this form to the International Education Office at above address.

The student named above is applying for the designated State University of New York overseas academic program. We would appreciate your assessment of the applicant's attributes with which you are familiar. You may also attach a letter of recommendation.

How long and in what capacity have you known the student?

Academic attributes

<table>
<thead>
<tr>
<th>Competence in major or specialization</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>No Evaluation</th>
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<tr>
<td>Academic interest and motivation</td>
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</table>

Non-academic attributes

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<tr>
<th>Level of maturity</th>
<th>Excellent</th>
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Please state frankly your opinion of this candidate’s ability to suitably represent both their home campus and the USA in a study abroad program, weighing both strong and weak points. Please use the space below or the reverse side of this page. You may also add or attach a letter of recommendation.

Your Name (please print)  Title, Department:

Signature:  Date:  Institution:

OAP 4
To the Student

This academic reference should be given to a professor who knows you well and is able to judge your academic qualifications for study abroad. A letter of recommendation on letterhead is also acceptable.

As this letter is confidential, it should be sent directly to the Administering SUNY Campus by the person writing the letter. You must provide a stamped, addressed envelope for this purpose. You may submit this letter yourself if it has been placed in a sealed envelope and has been signed over the seal by the person writing the reference.

I waive my right to access this reference completed by ___________________________ □ Yes □ No

Student's Signature: ___________________________ Name of Reference: ___________________________ Date: ___________________________

To the Reference

Please return this form to the International Education Office at above address.

The student named above is applying for the designated State University of New York overseas academic program. We would appreciate your assessment of the applicant's attributes with which you are familiar. You may also attach a letter of recommendation.

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</table>

Please state frankly your opinion of this candidate's ability to suitably represent both their home campus and the USA in a study abroad program, weighing both strong and weak points. Please use the space below or the reverse side of this page. You may also add or attach a letter of recommendation.

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

Signature: ___________________________ Date: ___________________________ Institution: ___________________________
STATE UNIVERSITY OF NEW YORK
Overseas Academic Programs
FOREIGN LANGUAGE PROFICIENCY FORM
Not required for programs in English-speaking countries

Your Name: __________________________
Program Location Abroad: __________________________
Administering SUNY Campus: __________________________

Address of Administering SUNY Campus: __________________________

To the Student: This form is for programs in which all or a portion of the coursework is taught in a language other than English. Please complete this portion of the form and sign. Ask your current professor or the person who has most recently taught you in a language course to complete the rest. Please check all appropriate boxes.

a) I will have completed the required foreign language coursework prior to the start of the program through:
   □ Coursework   OR   □ I have equivalent preparation (please explain):

b) While abroad,
   □ I will be taking language courses at the level of: □ beginner    □ intermediate    □ advanced
   □ I will be taking courses in the host language designed for foreign students
   □ I will be taking regular university courses taught in the host language

c) Estimate your proficiency in the language of greatest importance in the program (except English):

<table>
<thead>
<tr>
<th>Language:</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
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<td>Speaking</td>
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<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Listening Comprehension</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Reading</td>
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<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Writing</td>
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<td>□</td>
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<td>□</td>
</tr>
</tbody>
</table>

I waive my right to access this reference completed by __________________________
Name of Reference: __________________________
Date: __________________________

□ Yes □ No

Student's Signature: __________________________ Date: __________________________

To the Reference: The student named above is applying for the designated State University of New York overseas academic program. We would appreciate your comment on the applicant's language abilities. Please check the boxes that most accurately describe your judgment. Please return this form to the International Education Office at above address.

Reading in his/her field

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>No Ability</th>
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<td>Understanding lectures</td>
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<td>□</td>
<td>□</td>
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<tr>
<td>Composition</td>
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<tr>
<td>Conversation</td>
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<td>□</td>
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<td></td>
</tr>
</tbody>
</table>

Please refer to the boxes that the student has checked at the top of this form and rate the student's readiness for such coursework.

The applicant: □ should have no difficulty on this program.
   □ should be able to manage adequately after a short period of adjustment abroad.
   □ should be able to manage adequately after some additional formal language training.
   □ appears to require considerable training in the language before the necessary competence could be achieved.

Please indicate the experience with the student upon which your evaluation has been made.

Please add any comments you feel would aid in understanding the candidate's qualifications (you may use the back of this form, if necessary).

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

Signature: __________________________ Date: __________________________ Institution: __________________________