Instructions

- This Application Form is used for all Overseas Academic Programs sponsored by any State University of New York campus.
- Check with the administering campus for any special instructions needed to complete this application (also see section below).
- Complete this application form. If you are interested in more than one program, rank them in order of your preference. If the programs are administered by different SUNY schools, send a set of copies of all forms to each administering campus. All choices will be considered with equal prospect of acceptance. If you get accepted into several programs, you will have to decide on which one you finally like to go.
- Submit the application and all attached documents to the administering campus as each portion is completed. If you are a SUNY student, submit a photocopy of the first section of the application (OAP1) to the Office of International Education at your home campus and keep another one for your records.
- Send an official academic transcript from your current school and any other colleges where you have completed coursework to the Administering SUNY Campus. Federal laws prohibit the campus from obtaining this document: you must request it yourself.
- Note: It is recommended that you send in your materials well before the deadline. Check with the administering campus for the deadline. Late applications are sometimes considered on a space-available basis. If the deadline has passed, contact the administering campus for instructions.

Checklist

A complete Application includes all of the following:

- Completed Application Form (Form OAP 1, two pages)
- Study Statement (Form OAP 2, one page)
- Foreign Language Proficiency Form (Form OAP 3, one page)
  (Not required for programs in which all courses are taught in English.)
- Confidential Academic Reference Form #1 (Form OAP 4, one page)
- Confidential Academic Reference Form #2 (Form OAP 4, one page)
- Official Transcript(s)

Special Campus Instructions:
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: / / Mo Day Year Place of Birth:________________________ Sex (M/F): ___ Married? (Y/N)___
Country / 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: / ___/___ Mo Day Year E-mail valid until: / ___/___

Permanent Address: __________________________________________ Telephone: (____)
Number, Street Apartment #
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:

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<th>Dates (from – to)</th>
<th>Credits</th>
<th>Degrees</th>
<th>Honors</th>
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List language courses (except English) or other courses you have taken that have prepared you for this program:

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<th>Credits</th>
<th>Grade</th>
<th>H.S. or College?</th>
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### Contact Information  
*(Please notify us of any change of address or telephone number.)*

Name and Address of Parent or Guardian (if under 21):  
Name and Address of person to contact in case of emergency:

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### 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 to the selection committee in evaluating your candidacy, including any travel or residence in other countries or other regions of the United States or anything else you wish to point out about yourself or your academic record:

____________________________________________________________________________

Student's Signature          Date

Home Campus Study Abroad 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
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
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):
   Language:_____________________________ Excellent   Good   Fair   Poor
   Speaking
   Listening Comprehension
   Reading
   Writing

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

Name of Reference

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.

   Excellent   Very Good   Good   Fair   Poor   No Ability
   Reading in his/her field
   Understanding lectures
   Composition
   Conversation

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:________________________________________
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

Name of Reference

Student's Signature:____________________________________________________________________ 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.

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

Academic attributes

Competence in major or specialization
Academic interest and motivation
Capacity for independent study
Resourcefulness
Reliability
Integrity

Non-academic attributes

Level of maturity
Ability to adapt to new or unstructured circumstances
Self-confidence and self-esteem
Ability to relate well to others
Emotional stability
Open-mindedness
Integrity

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:______________________________
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Name of Reference: ____________________________ Date: ____________________________

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