

This Application Form is used by all Overseas Academic Programs, regardless of which State University of New York Campus administers them. Complete a separate application for each program you are interested in and submit it to the Administering SUNY Campus. If a campus offers more than one site or type of program in the country of your interest, complete only one application and attach a note with your preferences. **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.**

Check with the administering campus for any special instructions needed for completing this application.

**Checklist**

A complete Application includes all of the following:

- Completed Application Form (Form OAP 1)
- Study Statement (Form OAP 2)
- Foreign Language Proficiency Form (Form OAP 3) *Not required for programs in which all courses are taught in English.*
- Three Confidential Reference Forms (Form OAP 4)
- Transcript(s) *(see bottom of pg. 3)*

**Please 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.

*Please type or print with ballpoint pen.*

**Application for**

Name: \_\_\_\_\_  
Last First Middle

Program Location Abroad: \_\_\_\_\_ Administering SUNY Campus: \_\_\_\_\_

Fall  Spring  Academic Year  Summer  Intersession Year: \_\_\_\_\_

How did you learn about this program? \_\_\_\_\_

**Personal Information**

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

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

Your Name

Program Location Abroad

Administering SUNY Campus

Name and Address of Parent or Guardian (if under 21):

Number, Street

Apartment #

City

State

Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_

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

Number, Street

Apartment #

City

State

Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_

**Academic Background**

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Specialty within major field: \_\_\_\_\_

GPA (major field, estimated): \_\_\_\_\_ GPA (cumulative): \_\_\_\_\_

Semester Credits (completed to date): \_\_\_\_\_ Undergraduate: \_\_\_\_\_ Graduate: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_

Other Colleges or Universities Attended:

Name	Dates (from – to)	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?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Your Name

Program Location Abroad

Administering SUNY Campus

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

Language: _____	Excellent	Good	Fair	Poor
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Miscellaneous**

Please describe your plans for financing your participation in an overseas study program:

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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.

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Send an **official academic transcript** from your current school and from any other colleges where you have completed a significant number of credits to the Administering SUNY Campus. Federal laws prohibit the campus from obtaining this document: you must order it yourself.

**SUNY students:** Submit the Application Form to the Administering SUNY Campus and a photocopy of the first section (OAP 1) to the Office of International Education at your home campus. Keep another photocopy for your records.

Student's Signature

Date

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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

Signature

Date

Your Name \_\_\_\_\_

Program Location Abroad \_\_\_\_\_

Administering SUNY Campus \_\_\_\_\_

Address of International Education Office at 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.

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):

I will be taking language courses abroad 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

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 comment on the applicant's language abilities. Please check the boxes that most accurately describe your judgement.

	Excellent	Very Good	Good	Fair	Poor	No Ability
Reading in his/her field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding lectures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*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: \_\_\_\_\_

Your Name \_\_\_\_\_

Program Location Abroad \_\_\_\_\_

Administering SUNY Campus \_\_\_\_\_

Address of International Education Office at Administering SUNY Campus \_\_\_\_\_

**To the Student**

Submit two academic references and one non-academic reference using this form. Letters of recommendation on letterhead are also acceptable. Forms should be given to two professors who know you well and are able to judge your academic qualifications for study abroad. The third should be given to a person who is particularly acquainted with your non-academic attributes, interests, and activities, and who is not another student or a member of your family.

As these letters are confidential, they 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 those letters yourself if they have been placed in a sealed envelope 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.

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

**Academic attributes**

	Excellent	Very Good	Good	Fair	Poor	No Evaluation
Competence in major or specialization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic interest and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Non-academic attributes**

	Excellent	Very Good	Good	Fair	Poor	No Evaluation
Level of maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to adapt to new or unstructured circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence and self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate well to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-mindedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**On the reverse side of this page, please state frankly your opinion of this candidate's chances for success (both academic and non-academic) in a study abroad program, weighing both strong and weak points.**

Your Name (please print) \_\_\_\_\_ Title, Department: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Institution: \_\_\_\_\_

Your Name \_\_\_\_\_

Program Location Abroad \_\_\_\_\_

Administering SUNY Campus \_\_\_\_\_

Address of International Education Office at Administering SUNY Campus \_\_\_\_\_

**To the Student**

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Name of Reference

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Institution: \_\_\_\_\_

Your Name \_\_\_\_\_

Program Location Abroad \_\_\_\_\_

Administering SUNY Campus \_\_\_\_\_

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Ability to adapt to new or unstructured circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence and self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate well to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-mindedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Your Name (please print) \_\_\_\_\_ Title, Department: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Institution: \_\_\_\_\_