Overseas Academic Programs

Instructions

Checklist

- This Application Form is used for most 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 are accepted into several programs, you will be able to choose the one in which you wish to participate.
- Take your application to the Study Abroad Office at your home campus for signature.
- **Keep** a photocopy of your completed application (OAP 1) for your records.
- Submit the application and all supporting documents to the administering campus as each portion is completed.
- Send an <u>official academic transcript</u> 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.

- 1		
	A comple	ete Application includes all of the following:
	□ Com	pleted Application Form (Form OAP 1, two pages)
	□ Stud	y Statement (Form OAP 2, one page)
		ign Language Proficiency Form (Form OAP 3, one page) (Not required for programs in which all courses are taught in English.)
	□ Conf	Fidential Academic Reference Form #1 (Form OAP 4, one page)
	□ Conf	Fidential Academic Reference Form #2 (Form OAP 4, one page)
	☐ Offic	cial Transcript(s) from all colleges / universities attended
l		
Ī	Special	Campus Instructions:
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	Special	Campus Instructions:

Please type or print with ballpoint pen.

Application for:	
Name: Last First	Mildl.
Last	Middle
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	Administration CUNIV Community
University	Country Administering SUNY Campus
2 nd Choice:	Country Administration SUNV Commun
•	Country Administering SUNY Campus
3 rd Choice: University City	Country Administration SUNV Commun
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 addr	ress or telephone number.)
Birth date: / / Place of Birth:	Sex (M/F): Married? (Y/N)
Mo Day Year City / State	Sex (M/F): Married? (Y/N)
Social Security Number:	Ethnicity: White Black Hispanic Asian Native American Pacific Islander Non-Res Other
Court of C'' and '	Vin Com (Com HC Vin)
Country of Citizenship:	visa Status (ii not a U.S. Citizen):
Home Campus:	Telephone: ()
Local Address: Number, Street Apartment # City S	Email:
	•
My local address can be used until the following date:// Mo Day Ye	E-mail valid until:// mo Day Year
Permanent Address:	Apartment #
	Telephone: ()
City County State	Zip Code
Academic Status	
Major:	Minor:
Specialty within major field: :	Academic Advisor:
~ Freshman ~ Sophomore ~ Junior ~ Senior ~ Master ~ Doc	torate GPA (major, estimated): GPA (cumulative):
Semester Credits Completed To Date: Undergraduate:	Graduate:
Semester Credits Currently Enrolled: Undergraduate:	

OAP 1 Page 1

STATE UNIVERSITY OF NEW YORK Overseas Academic Programs

Your Name	Program Location A	Abroad		A	Administering SUNY Campus
Academic Background					
Colleges or Universities Attended: Name	Dates (fr	rom – to)	Credits	Degrees	Honors
List language courses (except English) or ot	ther courses you have	taken that l	have prepare	ed you for this J	program:
Title		Cre	redits	Grade	H.S. or College?
Contact Information (Please notify us	of any change of addr	ress or telep	ohone numb	er.)	
Name and Address of Parent or Guardian (in	f under 21):	Name an	d Address o	of person to con	tact in case of emergency:
Name (Hor	ome Telephone	Name			() Home Telephone
()				()
Street Cel	ll or Daytime Telephone	Street			Cell or Daytime Telephone
City State Zip Code		City		State	Zip Code
E-mail:					Zip Code
		E-IIIaii			
Miscellaneous Please describe your plans for financing y expect to receive from each source.	our participation in ε	an overseas	study prog	gram by indicat	ing the amount of money you
Financial Aid: Scholarships: Scholarships:	Grants: Loa	ıns:	Parent / Gu	ardian Assistan	ce: Savings:
Other Assistance Sources (please describe):					
State briefly any additional information that countries or regions of the U.S. or anything					
Student's Signature					Date
Home Campus Study Abroad Office Sign I am aware that this student is applying to	<u>ature</u> to the SUNY study al	broad prog	gram(s) liste	ed on page 1 of	form OAP 1:
Your Name (please print)					
Signature:					
Digitature				JIII	

OAP 1 Page 2

STATE UNIVERSITY OF NEW YORK Overseas Academic Programs

STUDY STATEMENT

Your Name	Program Location Abroad	Administering SUNY Campus						
Fo 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. Fo 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						

FOREIGN LANGUAGE PROFICIENCY FORM

Overseas Academic Programs

Not required for programs in English-speaking countries

Your Name	Prog	ram Location Abro				inistering SUNY	Campus	
Address of Administering SUNY Campus								
To the Student: This form is for properties complete this portion of the form language course to complete the rest. Ple	n and sign. Asl	x your current	professo					
a) I will have completed the required for ☐ Coursework <u>OR</u> ☐ I have eq				start of the p	program thr	ough:		
b) While abroad, ☐ I will be taking language courses a ☐ I will be taking courses in the host ☐ I will be taking regular university of	language desig	ned for foreign		☐ interme	ediate	□ advanced		
c) Estimate your proficiency in the langu	age of greatest	importance in t	the progr	am (except l	English):			
Language:		Exc	ellent	Good	Fair	Poor		
Speaking								
Listening Comprehension								
Reading								
Writing								
I waive my right to access this reference	completed by						□ Yes	□ No
I waive my right to access this reference	completed by _						□ 108	LI INO
				Name of Ref	erence			
Student's Signature:				Name of Ref	erence	Date:		
Student's Signature:				Name of Ref	Terence	Date:		
To the Reference: The student nam program. We would appreciate your codescribe your judgment. Please return the	ned above is ap	oplying for the applicant's la	designa	ted State U	niversity of	New York o	verseas a	
To the Reference: The student nam program. We would appreciate your co	ned above is ap	oplying for the applicant's la	designa	ted State U	niversity of	New York o	verseas a t most ac	
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CONFIDENTIAL REFERENCE FORM

Overseas Academic Programs

Academic Reference #1

Your Name I	Program Locatio	on Abroad			Administe	ring SUNY Campus
Address of International Education Office at Administering SUNY	' Campus					
To the Student						
This academic reference should be given to a profestudy abroad. A letter of recommendation on letterhead			and is able	to judge	your academ	ic qualifications for
As this letter is confidential, it should be sent directly provide a stamped, addressed envelope for this purpo and has been signed over the seal by the person writin	se. You may	y submit this le				
I waive my right to access this reference completed b	117					□ Yes □ No
		N	Name of Refere	ence		
Student's Signature:					Date:	
To the Reference Please return this form to	the Internati	ional Educatio	n Office at	above add	ress.	
The student named above is applying for the design appreciate your assessment of the applicant's attribute	gnated State	University of	New Yorl	overseas	academic p	
How long and in what capacity have you known the s	student?					
Academic attributes	Excellent	Very Good	Good	Fair	Poor	No Evaluation
Competence in major or specialization						
Academic interest and motivation						
Capacity for independent study						
Resourcefulness						
Reliability						
Integrity						
Non-academic attributes	Excellent	Very Good	Good	Fair	Poor	No Evaluation
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 candidat study abroad program, weighing both strong and may also add or attach a letter of recommendation	weak points				_	
Your Name (please print)		Ti	tle, Departn	nent:		
Signature:	Date:		Institu	tion:		

CONFIDENTIAL REFERENCE FORM

Overseas Academic Programs

Academic Reference #2

Your Name P	Program Location	n Abroad			Administerin	ng SUNY Campus
Address of International Education Office at Administering SUNY	Campus					
To the Student						
This academic reference should be given to a profe study abroad. A letter of recommendation on letterhea			and is able	to judge yo	our academic	qualifications for
As this letter is confidential, it should be sent directly provide a stamped, addressed envelope for this purpos and has been signed over the seal by the person writing	se. You may	submit this le				
I waive my right to access this reference completed by	у					□ Yes □ No
Student's Signature:			ame of Referer		_ Date:	
To the Reference Please return this form to						
The student named above is applying for the desig appreciate your assessment of the applicant's attribute						
How long and in what capacity have you known the st	tudent?					
Academic attributes			_	_		
Competence in major or specialization Academic interest and motivation Capacity for independent study	Excellent	Very Good	Good	Fair	Poor	No Evaluation
Resourcefulness Reliability						
Integrity						
Non-academic attributes	Excellent	Very Good	Good	Fair	Poor	No Evaluation
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 candidat study abroad program, weighing both strong and may also add or attach a letter of recommendation	weak points	-			_	
Your Name (please print)		Tit	le, Departm	ent:		
Cianatura	Dotor		Inatitut	·		