Instructions

- 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 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) from all colleges / universities attended

Special Campus Instructions:
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.)
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: / /  Sex (M/F): Married? (Y/N) 
Mo  Day  Year      Married? (Y/N) 
Mo  Day  Year
Place of Birth: City / State         Country
Country of Citizenship: Visa Status (if not a U.S. citizen):
School ID #: Home Campus:
Local Address: Number, Street  Telephone: ( )
                          Apartment #
                           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  Telephone: ( )
                          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:
STATE UNIVERSITY OF NEW YORK
Overseas Academic Programs

Acceptance
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 and Address of person to contact in case of emergency:
Name                                                                   Home Telephone
________________________________________________________   _____________   _____________   _____________________
________________________________________________________   _____________   _____________   _____________________
________________________________________________________   _____________   _____________   _____________________

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:
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
FOREIGN LANGUAGE PROFICIENCY FORM
Overseas Academic Programs
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>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>No Ability</th>
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</thead>
<tbody>
<tr>
<td>Speaking</td>
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<td>Listening Comprehension</td>
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<td>Reading</td>
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<td>Writing</td>
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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.

Reading in his/her field

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

<table>
<thead>
<tr>
<th>Academic attributes</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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<tbody>
<tr>
<td>Competence in major or specialization</td>
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<td>Academic interest and motivation</td>
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<td>Capacity for independent study</td>
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<td>Resourcefulness</td>
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<td>Reliability</td>
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<td>Integrity</td>
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</table>

Non-academic attributes

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<tr>
<th>Non-academic attributes</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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<td>Level of maturity</td>
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<td>Ability to adapt to new or unstructured circumstances</td>
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<td>Self-confidence and self-esteem</td>
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<td>Ability to relate well to others</td>
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<td>Emotional stability</td>
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<td>Open-mindedness</td>
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<td>Integrity</td>
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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
Confidential Reference Form
Overseas Academic Programs

Your Name

Program Location Abroad

Administering SUNY Campus

Address of International Education Office at Administering SUNY Campus

To the Student

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

Student's Signature: __________________________________________ Date: ________________

Name of Reference

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:______________________________