STATE UNIVERSITY OF NEW YORK
Overseas Academic Programs

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: ___/___/______ Place of Birth: ________________________________________________ Sex (M/F): ___ Married? (Y/N): ___
Mo  Day  Year               City  State  Country


Home Campus: ______________________________________________

Local Address: ____________________________________________________ Telephone: (_____)
Number, Street   Apartment #
City   State   Zip Code

E-mail: __________________________________________________________

My local address can be used until the following date: ___/___/______
Mo  Day  Year

E-mail valid until: ___/___/______
Mo  Day  Year

Permanent Address: ________________________________________________ Telephone: (_____)
Number, Street
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: _____
### Academic Background

**Colleges or Universities Attended:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Dates (from – to)</th>
<th>Credits</th>
<th>Degrees</th>
<th>Honors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Contact Information

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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Telephone (______)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street</th>
<th>Cell or Daytime Telephone (______)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**City** | **State** | **Zip Code** |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**E-mail:** ________________

**Name and Address of person to contact in case of emergency:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Telephone (______)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street</th>
<th>Cell or Daytime Telephone (______)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**City** | **State** | **Zip Code** |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.


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:** ________________