SUNY POTSDAM

JAMAICA FIELD SERVICE ABROAD PROGRAM

APPLICATION INSTRUCTIONS

Checklist of required application forms:

- Application (see page 2-3)
- □ Study Statement submit a two-page, double spaced statement describing some or all of the following:
 - Why do you want to participate in this experience?
 - What your goals are for this program?
 - How this experience will assist you academically and in your future career?
 - How you are preparing yourself for this program?

Confidential Academic Reference Form, Academic Reference #1 (see page 4)

Confidential Academic Reference Form, Academic Reference #2 (see page 5)

Non-SUNY Potsdam students must also submit the items below – scanned copies are acceptable – email to: <u>international@potsdam.edu</u>

Judicial Review Form for Study Abroad (see page 6-7)

□ Official Transcript(s) from all colleges/universities attended

Non-Matriculated Student Application – download at: <u>http://www.potsdam.edu/academics/ExtEd/nonmatric/index.cfm</u> (scroll down to "Apply Online")

"Special" SUNY Potsdam Campus Instructions:

- Be sure your home campus study abroad office is aware of your plans to study abroad and bring the original 2-page application to your study abroad adviser for his/her signature at the bottom of page 2.
- Make a copy of all your application package documents for your records prior to mailing the originals.

Please return ALL of the required forms listed above to:

SUNY Potsdam Office of International Education 107 Lougheed Center for Applied Learning 44 Pierrepont Avenue Potsdam NY 13676-2294

Email: international@potsdam.edu

Fax: 315-267-2811

SUNY POTSDAM JAMAICA FIELD SERVICE ABROAD PROGRAM APPLICATION

Please print clearly

Name:					
Last		First		Middle	
Home Campus ID Num	ber:				
Study/trip period for w	vhich you are applying -	– check one:			
□ January □ N	March (spring break)	🗌 May	🛛 June	2	
Personal Information:					
Birthdate:/ MM DD	_/ YYYY	Sex (M/F): _		Married? (Y/N):	
Place of birth:		Country of C	itizenship:		
Visa Status (if not a U.S	5. citizen):				
Home SUNY Campus: _					
Address at School:					
	Number, Street	Apt#	Town/City	State	Zip Code
Permanent Address:	Number, Street		Town/City	State	Zip Code
					·
Email Address:					
Cell Phone:					
Acadamic Statuce					
Academic Status:					
Major(s):		Mino	or(s):		<u> </u>
□ Freshman □ Sophom	nore 🗆 Junior 🛛 Senic	or 🗆 Master/	Doctorate		
GPA (major, estimated):	GPA	(cumulative):		
Colleges or Universities Name	s Attended:		Dates (fro	,	

Emergency Contact Information:

Name & Addr	ess of Parent/Guardia	n (if under 21):	
			()
Name			Home Phone
)
Address	City/State	Zip Code	Cell and/or Daytime Phone
Email:			
			in case of an emergency):
			in case of an entergency).
			() Home Phone
Name			Home Phone
	C:+ ./C+++	Zin Carla	
Address	City/State	Zip Code	Cell and/or Daytime Phone
Email:			
<mark>Student signa</mark>	ture:		Date:
	<mark>s Study Abroad Office</mark> d Program through SL	-	are that this student is applying to the Jamaica Field
POIGH ANIAG	u Fiograffi through St	JNT FULSUAIII.	

Your Name (please print)	
Title/Dept	SUNY Campus
Signature	_ Date

STATE UNIVERSITY OF NEW YORK Overseas Academic Programs

Program Location Abroad

Administering SUNY Campus

Address of International Education Office at Administering SUNY Campus

To the Student

Your Name

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						
	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)______Title, Department:______

____Date:____

Signature: ___

STATE UNIVERSITY OF NEW YORK Overseas Academic Programs

Program Location Abroad

Administering SUNY Campus

Address of International Education Office at Administering SUNY Campus

To the Student

Your Name

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.

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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

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

Academic attributes	T		a 1			
Competence in major or specialization	Excellent	Very Good	Good	Fair □	Poor	No Evaluation □
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 candidate study abroad program, weighing both strong and y may also add or attach a letter of recommendation.	weak points.					
Your Name (please print)		Tit	ile, Departm	ent:		
Signature:	Date:		Institut	ion:		

STATE UNIVERSITY OF NEW YORK Overseas Academic Programs

JUDICIAL REVIEW FORM

The State University of New York requires a judicial review of all applicants for its study abroad programs. It is necessary for us to be informed of any judicial record that exists for any participant. The existence of judicial records at the participant's home university does not necessarily mean denial of admission to a program; however, the information must be reviewed by the Study Abroad Office on the campus responsible for the program in order for a determination to be made. Each applicant, regardless of home campus, is required to provide this authorization even if there is no judicial record. Students must also inform their home campus Study Abroad Office about their intention to study abroad.

Instructions for the Student: Please complete Section I of this form and then take the form to the Judicial Officer on your home campus. <u>Be sure to fill in your name at the top of page 2</u>.

Instructions for the judicial officer: The student named on this form has authorized release of his/her judicial record to the Office of International Education & Programs at SUNY Potsdam. Please complete the second section of this form and then return the form to us **directly** by mail, fax or email to the address/fax/email at the end of this form. A prompt response is appreciated.

I. To Be Completed by the Student:

Last Name	First Name	Campu:	s ID#
Home Campus		Name of Program Abroad & Administ	tering Campus
•	cted of a felony? yes nded, dismissed, or expelled	no d from a college or university?	yesno
Name of Judicial Officer on Your	Home Campus	Phone Number for Judicial	Officer
Email Address for Judicial Office	r	Fax Number for Judicial Off	ficer
Under the provisions of officer named above to pr	the Family Education Right ovide documentation and c	ture to the statement below. s and Privacy Act, I authorize t liscuss all information related to	any judicial affairs

officer named above to provide documentation and discuss all information related to any judicial affairs review on the campus at which I am matriculated with the appropriate Study Abroad Office staff members and, if appropriate, with the associated faculty program director, for the purpose of determining my participation in a study abroad program.

Student Signature

Date Release Signed

Date This Release Expires and Is No Longer Valid. (Recommended: End of the semester in which you will be studying abroad)

OVER \rightarrow

II. To Be Completed by the Judicial Affairs Officer

 The student named above and on the reverse judicial sanction (probation or higher) on our campus. 	
 The student named above and on the reverse sanction (probation or higher) on our campus. 	e side of this form has received a judicial
Effective Dates:	
Level of Sanction:	
Violation:	
Printed Name of Individual Authorized to Complete This Form	Signature
Title	Date

Please return this form directly to:

SUNY Potsdam, Office of International Education & Programs, 107 Crumb Library, 44 Pierrepont Ave., Potsdam, NY 13676

Fax: 1 (315) 267 2811