

**Instructions**

- This *Application Form* is to be used for international applicants to a SUNY-ESF Exchange Program.
- Complete this application form in its entirety and gather all required support documentation.
  - Submit an official English language proficiency score report (e.g., TOEFL) that meets the undergraduate [requirement](#).
  - Submit an official academic transcript (in English) from all colleges attended.
  - Submit a copy of your passport picture/biographical information page.
- Obtain the authorization signature required on page 2 of the general application from your designated school official/office.
- Make a photocopy of your completed application for your records.
- Submit completed application with all supporting documents in one packet to the ESF Faculty Coordinator of the Exchange via email (attach pdfs) or standard mail. Contact information appears below.

**Munich Exchange**

Dr. Klaus Doelle

[kdoelle@esf.edu](mailto:kdoelle@esf.edu)

SUNY ESF

1 Forestry Drive

205 Walters Hall

Syracuse, NY 13210

**Sichuan University Exchange**

Dr. Shijie Liu

[sliu@esf.edu](mailto:sliu@esf.edu)

SUNY ESF

1 Forestry Drive

205 Walters Hall

Syracuse, NY 13210

- *Note:* It is recommended that you submit your materials well before the deadline as spaces fill up fast.

**Deadlines:** Fall — June 1

Spring — October 1

**Checklist**

A complete application includes all of the following:

- Completed Application Form
- Study Statement
- Confidential Academic Reference Form #1
- Confidential Academic Reference Form #2
- Official Foreign Language Proficiency Test Scores
- Official Transcript(s) from all colleges / universities attended
- Copy of your passport

Notes:

**Application for:**

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

Home University & Country: \_\_\_\_\_

Study Period for which you are applying and include year of program:

Fall  Spring  Academic Year

Year: \_\_\_\_\_

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

**Personal Information** (Please notify us of any change of address or telephone number.)

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex:  Female  Male  
Month Day Year City / State Country

Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Number, Street Apartment #

City State/Province Country Zip/Postal Code

E-mail: \_\_\_\_\_ My mailing address can be used until the following date: \_\_\_\_\_  
Month Day Year

Permanent Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Number, Street Apartment #

City State/Province Country Zip/Postal Code

**Academic Status**

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

Specialty within major field: \_\_\_\_\_ Academic Advisor: \_\_\_\_\_

Academic Level: Freshman/ 1<sup>st</sup> Year Sophomore / 2<sup>nd</sup> Year Junior/ 3<sup>rd</sup> Year Senior/ 4<sup>th</sup> Year

Other: \_\_\_\_\_

Grade Point Average (in major): \_\_\_\_\_ Grade Point Average (cumulative): \_\_\_\_\_

Credits Completed To Date: Undergraduate: \_\_\_\_\_ Graduate: \_\_\_\_\_

Credits Currently Enrolled: Undergraduate: \_\_\_\_\_ Graduate: \_\_\_\_\_

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

\_\_\_\_\_  
 Home University/ College

**Academic Background**

Colleges or Universities Attended:

Name	Dates (from – to)	Credits	Degrees	Honors
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List language courses 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 \_\_\_\_\_ Home Telephone \_\_\_\_\_  
 Street \_\_\_\_\_ Cell or Daytime Telephone \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
 E-mail: \_\_\_\_\_

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

Name \_\_\_\_\_ Home Telephone \_\_\_\_\_  
 Street \_\_\_\_\_ Cell or Daytime Telephone \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Miscellaneous**

Please describe your plans for financing your participation in an overseas exchange 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 your country or anything else you wish to point out about yourself or your academic record:

**Home Campus Faculty Coordinator of the Exchange Program/ Study Abroad advisor Signature (see instruction page)**

**I am aware that this student is applying to the SUNY-ESF Exchange Program:**

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

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

*I certify that all information submitted in this exchange participant application process including the application, the study statement, any supplements/ supporting materials-is my own work, factually true, and honestly presented.*

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

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Your Name

Home University/College

**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. Collect signed Study Statement and submit with all of your application materials to the ESF Faculty Coordinator of the Exchange (see instructions on pg 1).

**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

Advisor's Signature

Date

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

Home University/College \_\_\_\_\_

**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 participation in the SUNY ESF Exchange Program. A letter of recommendation on letterhead is also acceptable.

As this letter is confidential, please advise the person providing the reference to place the completed recommendation in a sealed envelope and to then sign over the seal. The sealed letter should be included in your mailed application materials. If you will scan and email your application materials, please have your recommender submit the letter directly to the ESF faculty coordinator of the exchange: **Munich--[kdoelle@esf.edu](mailto:kdoelle@esf.edu); Sichuan--[sliu@esf.edu](mailto:sliu@esf.edu).**

I waive my right to access this reference completed by \_\_\_\_\_  Yes  No  
Name of Reference

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

**To the Reference:** Please place the completed recommendation in a sealed envelope, sign over the seal, and return to the student or submit the letter directly to the ESF faculty coordinator of the exchange: **Munich--[kdoelle@esf.edu](mailto:kdoelle@esf.edu); Sichuan--[sliu@esf.edu](mailto:sliu@esf.edu).**

The student named above is applying to participate in the SUNY –ESF Exchange 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? \_\_\_\_\_

<u>Academic Attributes:</u>	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"/>

<u>Non-Academic Attributes:</u>	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"/>

**Please state frankly your opinion of this candidate's ability to suitably represent both their home campus and country in an exchange program in the U.S., 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: \_\_\_\_\_

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

Home University/College \_\_\_\_\_

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