

Instructions

- This application form is to be used by SUNY ESF students who are applying to participate in a SUNY ESF Exchange Program.
- Complete this application form and gather all required support documentation.
 - Submit an official academic transcript from ESF and any other colleges where you have completed coursework with your application materials.
 - Submit a copy of your passport picture/biographical information page if you already have a passport.
- Submit your completed application to the SUNY ESF faculty exchange coordinator for the program you are applying to for a signature on page two of the application.

Munich University of Applied Sciences: Klaus Döelle, 421 Walters Hall, kdoelle@esf.edu

Sichuan University: Shijie Liu, 302 Walters Hall, slu@esf.edu

- Make a photocopy of your completed application for your records.
- Submit the application and all supporting documents in one packet to the SUNY ESF Office of International Education in person or via mail:

SUNY ESF
Office of International Education
Attn: Exchange Program Application
110 Bray Hall c/o 227 Bray Hall
1 Forestry Drive
Syracuse, NY 13210

- Note: It is recommended that you submit your application and supporting materials well before the deadline.

Deadlines: Fall — April 15

Spring — September 15

Checklist

A complete application includes all of the following:

- Completed Application Form
- Study Statement
- Academic Plan
- Confidential Academic Reference Form #1
- Confidential Academic Reference Form #2
- Judicial Review Form
- Petition to the Faculty for the Pre-Approval of Courses
- Course Descriptions of Courses to be Taken Abroad
- Official Transcript(s) from all colleges / universities attended
- Copy of your passport if you already have it

Notes:

Application for:

Name: _____
Last First Middle

Program Location Abroad: _____
University City 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: _____

City State/Province Country Zip/Postal Code

Academic Status

Major: _____ Minor: _____

Specialty within major field: _____ Academic Advisor: _____

Academic Level: First-Year/ 1st Year Sophomore / 2nd Year Junior/ 3rd Year Senior/ 4th 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:

SUNY ESF Faculty Coordinator of the Exchange Program Signature

I am aware that this student is applying in a SUNY-ESF Exchange Program and have spoken to the student about the exchange program:

Your Name (please print) _____ Title, Department: _____

Signature: _____ Date: _____ Institution: _____

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

 Student's Signature

 Date

Your Name

Exchange Program You Are Applying To

To the Student

Write a concise statement of your proposed exchange program of study and how it will be related to your present academic program. Also describe the personal benefits you expect to receive from the program and overall experience. Use the reverse side of this sheet and/or an additional page, if necessary. Submit completed Study Statement and Academic Plan (p. 4) to your academic advisor for approval and signature. Be sure to submit both forms with your other application materials to SUNY ESF's Office of International Education.

To the Advisor

Please discuss with your advisee how this proposed program of study will complement her/his academic program. Please review the study statement below in conjunction with the academic plan and approve by signing the academic plan on page 4.

Your Name _____

Exchange Program Location Abroad _____

Semester _____

SU ID # _____

To be completed in consultation with your Academic Advisor:

List all credit bearing courses you intend to take as part of the exchange program, complete a *Petition to the Faculty* to request pre-approval of courses, obtain signatures on both forms, and attach course descriptions. Please indicate the course and/or course classification requirement you anticipate it will fulfill. If you will study for more than one semester, complete an academic plan for each term. Courses proposed to satisfy General Education requirements must be approved by the General Education Subcommittee. The review of courses will occur after the completed *Exchange Program Application* is submitted.

Study Abroad Course # & Title	If applicable, ESF Equivalent Course # & Title	Type of Course	Credit Hours
		<input type="checkbox"/> Required <input type="checkbox"/> Free Elective <input type="checkbox"/> Directed Elective <input type="checkbox"/> General Ed	
		<input type="checkbox"/> Required <input type="checkbox"/> Free Elective <input type="checkbox"/> Directed Elective <input type="checkbox"/> General Ed	
		<input type="checkbox"/> Required <input type="checkbox"/> Free Elective <input type="checkbox"/> Directed Elective <input type="checkbox"/> General Ed	
		<input type="checkbox"/> Required <input type="checkbox"/> Free Elective <input type="checkbox"/> Directed Elective <input type="checkbox"/> General Ed	
		<input type="checkbox"/> Required <input type="checkbox"/> Free Elective <input type="checkbox"/> Directed Elective <input type="checkbox"/> General Ed	

To be completed by your Academic Advisor:

The following faculty member will contact the registrar to register the student in a 496 section for the exchange semester:

Please obtain all signatures:

By signing below, I pre-approve the courses listed above and indicate that they are eligible to be transferred to SUNY-ESF for credit after completion of the exchange program if the student obtains a minimum grade of a "C" in the course and submits the official transcript to the Registrar upon return to the U.S.

Academic Advisor:

Comments:

Curriculum Coordinator:

Comments:

Dean of Instruction and Graduate Studies:

 Your Name

 Exchange Program You Are Applying To

 Semester

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 a 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 send the completed recommendation directly to the Coordinator of International Education (110 Bray Hall c/o 227 Bray Hall).

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

Student's Signature: _____ Date: _____

To the Reference: Please send the completed recommendation directly to the SUNY ESF Coordinator of International Education.

The student named above is applying to participate in a 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 SUNY ESF and the USA in an exchange program, weighing both strong and weak points. Please use the space below, another piece of paper, and/or attach a letter of recommendation.

Your Name (please print) _____ Title, Department: _____

Signature: _____ Date: _____ Institution: _____

 Your Name

 Exchange Program You Are Applying To

 Semester

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 a 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 send the completed recommendation directly to the Coordinator of International Education (110 Bray Hall c/o 227 Bray Hall).

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

Student's Signature: _____ Date: _____

To the Reference: Please send the completed recommendation directly to the SUNY ESF Coordinator of International Education.

The student named above is applying to participate in a 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 SUNY ESF and the USA in an exchange program, weighing both strong and weak points. Please use the space below, another piece of paper, and/or attach a letter of recommendation.

Your Name (please print) _____ Title, Department: _____

Signature: _____ Date: _____ Institution: _____

The State University of New York requires a judicial review of all study abroad/exchange/international program applicants. The existence of judicial records does not necessarily mean denial of admission to a program. Each applicant is required to provide this authorization even if there is no judicial record.

Instructions for the Student: Please complete Section I of this form and then take the form to the Coordinator of Student Conduct on the ESF campus. **Be sure to fill in your name at the top of the next page.**

Instructions for the Judicial Officer: The student named on this form has authorized release of her/his judicial record to the Office of International Education (OIE). Please complete the second section of this form and then return the form to OIE directly by mail or email (see contact information on the bottom of the next page). Thank you in advance for your prompt response.

I. To Be Completed by the Student:

Last Name

First Name

Student ID Number

Exchange Program Name, Location, & Semester(s)

Have you ever been convicted of a crime? Yes No

Have you ever been suspended, dismissed, or expelled from a college or university? Yes No

Please provide any information you feel is relevant to your judicial review:

Once you have provided the requested information on this page and the next page including an original signature, please submit both pages to the ESF Coordinator of Student Conduct.

Please give your consent by agreeing with your signature to the statement below.

Under the provisions of the Family Education Rights and Privacy Act, I authorize the judicial affairs officer named above to discuss all information related to any judicial affairs review at SUNY ESF with the Coordinator of International Education and, if appropriate, with the associated exchange program coordinator, for the purpose of determining my participation in an international exchange program.

Print Student First and Last Name

Signature

Date Release Signed

Date This Release Expires and Is No Longer Valid.
(Recommended: end of your exchange program)

II. To Be Completed by the Coordinator of Student Conduct

- The student named on this form has not received a judicial sanction (probation or higher) on our campus.
- The student named on this form does have a judicial sanction (probation or higher) on our campus.

Effective Dates: _____

Level of Sanction: _____

Violation: _____

Please provide any necessary details below:

Printed Name of Individual Authorized to Complete This Form

Signature

Date

Please return this form directly to the SUNY-ESF Office of International Education

1 Forestry Dr
302 Bray Hall (office location)
227 Bray Hall (mailing address)
Syracuse, NY 13210
315-470-6691 (phone)
315-470-6698 (fax)
cmsalter@esf.edu