



### Academic Exchange Student Application

Please print all information clearly

Family name: \_\_\_\_\_ First name: \_\_\_\_\_

Gender: Female \_\_\_\_\_ Male \_\_\_\_\_ Date of Birth: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country \_\_\_\_\_ Telephone Number with country code: \_\_\_\_\_

**E-mail address (please print clearly)** \_\_\_\_\_

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Country of birth: \_\_\_\_\_ **City of birth:** \_\_\_\_\_

Citizenship[s]: \_\_\_\_\_ Passport Expiry Date: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

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Current address (if different than above): \_\_\_\_\_

Current telephone number (if different than above): \_\_\_\_\_

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Name of your university and campus: \_\_\_\_\_

Academic field or specialization at your campus \_\_\_\_\_

Academic field or specialization sought at SUNY Oswego \_\_\_\_\_

Intended semesters of study at SUNY Oswego: Fall (August) 20\_\_\_\_ Spring (January) 20\_\_\_\_

Check the appropriate box:  Undergraduate student  Graduate student

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Name of parent/spouse/next of kin (circle one): \_\_\_\_\_

Address and telephone number of next of kin (if different from permanent address and telephone number stated above):

Signature of Applicant : \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

Signature of your current Academic Advisor: \_\_\_\_\_ Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

**Return this form to:** Gurdeep Skolnik, Assistant Director  
International Student and Scholar Services  
102 Sheldon Hall, SUNY Oswego  
Oswego, NY 13126 U.S.A