

Application Instructions for Doing Business in Emerging Markets: India

1. Complete pages 1 and 2 (OAP 1) of the standard SUNY application. If using the electronic application, both pages are editable however they cannot be submitted electronically as it is not possible to save the application or to send it via email attachment. (The application form may have some questions that do not apply to this specific course, you can leave such questions without answering them).
2. Type and attach a brief answer to the following question: Please tell us why you are interested in taking this course and visiting India.
3. Complete one SUNY Academic Reference Request Forms and have the form completed by a professor, instructor, coach, supervisor or other individual; or this individual may simply submit a reference letter.
4. Binghamton University requires a judicial review of all applicants for Binghamton-sponsored study abroad programs. This review is automatically processed for Binghamton University students. Other-SUNY and non-SUNY students must complete the Judicial Review form included in this packet. 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 Office of International Programs study abroad or faculty advisor responsible for the program in order for a determination to be made.
5. Complete the Agreement to Release Information.
6. Request an official transcript from Binghamton University using the BU Brain and send it directly to the Office of International Programs, or include it with your other application materials.
7. Applications are rolling. The early decision deadline is September 21, 2011. Apply by this deadline in order to receive early review of your application and secure a place on this program. A secondary deadline will be announced after October 1 if there is still space on the program.
8. Submit all application materials to:

Office of International Programs
Nelson A. Rockefeller Center, G-1
Binghamton University
Binghamton, NY 13902-6000
Phone (607) 777-2336
Fax (607) 777-2889

Please type or print with ballpoint pen.

Application for:

Name: _____
Last First Middle

Program Location Abroad:

University City Country Administering SUNY Campus
Please list any other programs you are applying for.

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

Country of Citizenship: _____ Visa Status (if not a U.S. citizen): _____

Home Campus ID Number (B # at BU): _____ Home Campus: _____

Local Address: _____ Telephone: (____) _____
Number, Street Apartment #

City State Zip Code E-mail: _____

My local address can be used until the following date: ____/____/____ E-mail valid until: ____/____/____
Mo Day Year Mo Day Year

Permanent Address: _____
Number, Street Apartment #

City County State Zip Code Telephone: (____) _____

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: _____

Your Name _____

Program Location Abroad _____

Administering SUNY Campus _____

Academic Background

Colleges or Universities Attended:

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

List language courses (except English) 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 Zip Code _____

E-mail: _____

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

 Name Home Telephone (_____) _____

 Street Cell or Daytime Telephone (_____) _____

City State Zip Code _____

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.

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 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: _____

Your Name _____

Program Location Abroad _____

Administering SUNY Campus _____

Address of International Education Office at Administering SUNY Campus _____

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 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 candidate's ability to suitably represent both their home campus and the USA in a study abroad program, 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: _____



State University of New York

PO Box 6000
Binghamton, New York 13902-6000
607-777-2336, Fax: 607-777-2889
oip@binghamton.edu

OFFICE OF INTERNATIONAL PROGRAMS

Binghamton University Study Abroad Application
Judicial Review Form for non-Binghamton Students

Binghamton University requires a judicial review of all applicants for Binghamton-sponsored 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 Office of International Programs (OIP) study abroad or faculty advisor responsible for the program in order for a determination to be made. Each non-Binghamton applicant, regardless of home campus, is required to provide this authorization even if there is no judicial record.

Instructions for the non-Binghamton Student: Please complete the appropriate section of this form and then bring the form to the Judicial Officer on your home campus. Be sure to fill in your name at the top of page 2.

Instructions for the non-Binghamton judicial officer: The student named on this form has authorized release of his/her judicial record to Binghamton University. Please complete the second section of this form and then return the form to us directly by mail to the address listed above, fax to the number listed above, or e-mail to Colleen Parks, Secretary, Office of International Programs, (cparks@binghamton.edu). A prompt response is appreciated.

I. To Be Completed by the Non-Binghamton Student:

Last Name First Name

Home Campus ID Number Binghamton program for which you are applying

Have you been convicted of a felony since matriculation in your current degree programs? yes no

Have you ever been suspended, dismissed, or expelled from a college or university? yes no

Name of Judicial officer on your home campus Phone Number for Judicial Officer

Email address for judicial officer Fax Number for Judicial Officer

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 on the campus at which I am matriculated with the appropriate Office of International Programs 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. (We recommend a date at the end of the semester in which you are studying abroad.)

Student's Last Name

Student's First Name

I. To Be Completed by the Judicial Affairs Officer

1. _____ The student named above and on the reverse side of this form has no judicial record on our campus.
2. _____ The student named above and on the reverse side of this form does have a judicial record on our campus. Please explain the nature of the offense, the sanctions, and compliance with the sanctions.

Printed name of individual authorized to complete this form

Signature

Title

Date

Please return this form to our office directly

By Mail: Office of International Programs, Binghamton University, Binghamton, NY 13902

By e-mail: to Colleen Parks, Secretary, Office of International Programs, (cparks@binghamton.edu).

By fax: 607-777-2889

Binghamton University
Agreement to Release Information

I. Permission to Release Academic Information for Application to a Binghamton University International Exchange or Study Abroad Program

Binghamton University works with universities and non-profit organizations to host our international exchange and study abroad programs. Often it is a requirement for officials of these universities to review the academic record of each prospective participant as part of the acceptance procedures. We need your permission to forward your study abroad application to our partners. The materials include the application form, study statements, letters of reference, and transcripts as well as any additional material included in your application. Only the officials directly involved in the evaluation of your application and in academic advising for your program will have access to your file.

Please sign this form and return it to the address below. It should accompany the regular State University of New York application form. **The application will not be considered until this form is on file** in the Office of International Programs (OIP). Keep a copy for your own records.

1. I authorize the staff of Binghamton University's Office of International Programs to send my academic application materials, including my transcript(s), to the prospective host institution if necessary.
2. If accepted, I understand that grade reports or academic transcripts of work I undertake and complete at my host institution will be sent to the Office of International Programs at Binghamton University at the end of the program.
3. All communication with the prospective host institution will be channeled through the Office of International Programs.
4. I agree to notify the Office of International Programs immediately at Binghamton University if I no longer want to be considered for placement or if I change my residential address, e-mail address, or phone number.
5. I will check my e-mail regularly, since the Binghamton OIP will use that means of communication most often during the application and pre-departure processes.

DATE _____

NAME _____
(please print)

SIGNATURE _____

See Reverse

II. Permission to Release Information

Name: _____
(please print legibly)

Semester: _____

Under the provisions of the Family Education Rights and Privacy Act, we are unable to release information about you to anyone without your permission. But at times you may want us to release information regarding program arrangements or program changes, financial aid or other financial issues, health insurance or other health matters, travel arrangements and personal safety. If you would like us to share information about your participation on the program with a parent, guardian or your emergency contact while you are abroad, please indicate below the full names and addresses of those contacts. Please include restrictions on the information to be shared, if any. If you do not wish to designate anyone, please indicate this at the bottom. Sign and date the form:

First:

Full name: _____ Email address: _____

Relationship: _____

Address: _____

Phone numbers (work, home, mobile): _____

Restrictions: _____

Second:

Full name: _____ Email address: _____

Relationship: _____

Address: _____

Phone numbers (work, home, mobile): _____

Restrictions: _____

Do not release any information about me to a parent or guardian. _____ (initial)

*Date this release expires and is no longer valid: _____

Your signature: _____

Date: _____

*We suggest you use a date one month after the end of your program.

PASSPORTS

Do you have a valid passport?

If your answer is "yes," check the expiration date. Will it be valid for 6 months beyond the end of your study abroad program?

If your answer is "no" to either of the questions above, apply for a passport now!

Do not wait until you are accepted into a program before applying for or renewing a passport for your country of citizenship. Increasingly we see that there are sometimes delays with the process. Many countries now require a visa application in advance of travel, and you may need to have your passport early in order to have enough time for such visa procedures.

DO NOT DELAY! GET YOUR PASSPORT NOW!

For a United States passport application form, go to:

<http://travel.state.gov/passport>

Once you have gathered and completed all the documentation required for a new or renewed passport, you can apply in person at many post offices, some public libraries and a number of county and municipal offices.

(Binghamton University students may find it convenient to apply at the main post office in downtown Binghamton.)

**U.S. Post Office
115 Henry Street
Binghamton, NY 13901
(607) 773-2145**

Office of International Programs
NARC G-1
Binghamton University
Binghamton, NY 13902-6000
phone: 607-777-2336
fax: 607-777-2889
e-mail: oiip@binghamton.edu