

## **Application Instructions for the 2010 Bosphorus Summer Study Abroad Program**

1. Complete pages 1 and 2 of the standard SUNY application form.
2. Complete the Bosphorus University Summer Term application form for 2010, with course selection.\*
3. Complete the Summer Term Accommodation Application form for 2010.\*
4. Obtain 1 letter of reference. Preference is for an academic reference, however, a letter from an employer, coach or supervisor of an internship or community service work is acceptable.
5. Obtain transcripts of *all* college-level work, except AP credits, including any credits that you transferred to your current university from other schools.
6. 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 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.
7. Complete the Agreement to Release Information.
8. Binghamton students should schedule an advising appointment with the Assistant Director of International Programs. SUNY Students who live far from Binghamton should schedule a phone advising appointment.
9. Application deadline for this program is **March 15**. Early applications are encouraged. Late applications are accepted on a space-available basis. There is a **\$25 late application fee**.

Submit *all* application materials to:

**The Office of International Programs**  
Rockefeller Center, G1  
Binghamton University  
P.O. Box 6000  
Binghamton, NY 13902-6000

### **\*Important Notes:**

**Information about program dates, course offerings, housing options, etc. can be found online at <http://www.summer.boun.edu.tr/>.**

Students will pay tuition, according to the number of credits awarded, and a program fee, to Binghamton University, and will not pay Bosphorus University directly for tuition and registration fee.

Students are responsible for paying for their own accommodations directly to the Summer Term Office at Bosphorus University according to their instructions.

Please refer to the Binghamton University Estimate of Costs sheet for this program for detailed information about costs.

# STATE UNIVERSITY OF NEW YORK Overseas Academic Programs

# APPLICATION

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: \_\_\_\_\_

**STATE UNIVERSITY OF NEW YORK** **APPLICATION**  
**Overseas Academic Programs**

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: \_\_\_\_\_

**Boğaziçi University Summer Term  
Student Application Form  
Summer 2010**

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**GENDER:** Female \_\_\_\_\_ Male \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
(mmdyyy) (city, state, country)

**Current Address:**

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**Transcript Mailing Address:**

Office of International Programs  
Rockefeller Center, G1  
Binghamton University  
P.O. Box 6000  
Binghamton, NY 13902-6000  
U.S.A.

**E-mail Address:** \_\_\_\_\_

**Current Phone:** +1 (\_\_\_\_) \_\_\_\_\_ **Mobile Phone:** +1 (\_\_\_\_) \_\_\_\_\_

**Current Status:** Undergraduate \_\_\_\_\_ College or University Graduate \_\_\_\_\_

**Education Information:**

Starting with high school, list all schools attended. Give full name of school, address and dates of attendance.

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**My Course Selection** (no less than 6 credits and no more than 8 credits):

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**Total Credits:** \_\_\_\_\_ **Total Courses:** \_\_\_\_\_

**How did you hear about the Summer Term?**

Internet \_\_\_\_\_ Newspaper \_\_\_\_\_ BU Summer Term brochure \_\_\_\_\_ Other \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Students applying through Binghamton University should submit Summer Term application with SUNY application to the **Binghamton University Office of International Programs.***

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	<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"/>

Non-academic attributes

	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 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: \_\_\_\_\_

**Boğaziçi University Summer Term  
Accommodation Application Form  
Summer 2010**

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**GENDER:** Female  Male

**Select Dorm:**

**Superdorm** (USD \$775 for 7 weeks):  **Ucaksavar Dorm** (USD \$500 for 7 weeks):

\*based on 2009 costs. Costs may change for 2010.

**Name of the person you might want to share accommodation with?**

\_\_\_\_\_

**Special Requests:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** Students applying for the Summer Term through Binghamton University are directly responsible for costs, requirements and information related to accommodations.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Students applying through Binghamton University should submit accommodation application with Summer Term application and SUNY application to the **Binghamton University Office of International Programs.***

Bogazici University Summer Term Office 34342 Bebek, Istanbul  
Phone: +90 (212) 359-7142 , +90 (212) 359-6710 , Fax: +90 (212) 265-9822 , E-Mail: [summer@boun.edu.tr](mailto:summer@boun.edu.tr)



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](mailto: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: \_\_\_\_\_ Semester Abroad: \_\_\_\_\_  
(please print legibly)

Because communication is so important between students who will be traveling abroad and their parents, and between students and parents and the University, we will be sharing information regarding program arrangements or program changes, study abroad procedures and policies, financial aid or other financial issues, health insurance or other health matters, travel arrangements and personal safety with your parents or guardian, or other designated family member, if they request it.

By signing this form, you give us permission to discuss information of this kind with your parents other designated family members. Your permission is required for participation on a Binghamton or Other SUNY program.

Please indicate the names of any, and at least one, parent, guardian or other responsible family member or adult who may be contacting us for information related to your study abroad program:

First:  
Full name: \_\_\_\_\_ Email address: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone numbers (work, home, mobile): \_\_\_\_\_

Second:  
Full name: \_\_\_\_\_ Email address: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone numbers (work, home, mobile): \_\_\_\_\_

Third:  
Full name: \_\_\_\_\_ Email address: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone numbers (work, home, mobile): \_\_\_\_\_

**I am over the age of 25 and am legally and financially independent of my parents. 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: oip@binghamton.edu