



State University of New York

OFFICE OF INTERNATIONAL PROGRAMS

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

APPLICATION INSTRUCTIONS FOR THE PPL IN BRITAIN STUDY ABROAD PROGRAM at the UNIVERSITY OF EAST ANGLIA

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.
2. Complete the Study Statement in essay form, typed on separate pages and attached (see the handout "Tips for Successful Study Abroad Applications"). Your academic advisor in your school (Harpur, SOM, Watson, etc.) should read the essay and sign the Study Statement form, indicating approval of your plans to study abroad.
3. Complete the UEA study abroad/exchange application included in this packet. Be sure to read the Guidance Notes for Study Abroad Application form and consult the Course Catalog (links are given in the application) to select your program of study.
4. Complete 2 SUNY Academic Reference request forms, and obtain 2 academic letters of reference.
5. Obtain transcripts of *all* college-level work, except AP credits, including any credits you've transferred to Binghamton 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 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.
7. Complete the Agreement to Release Information.
8. Binghamton students should schedule an advising appointment with Giselda Beaudin in the Office of International Programs or with Professor Steve Scalet (sscalet@binghamton.edu), director of the PPL Program. Other students should schedule a telephone advising appointment.
9. Submit all materials to the Binghamton University Office of International Programs. There is no application fee. Admissions are rolling and the final deadline is **March 15**. Late applications will be considered on a space-available basis.

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: _____

STATE UNIVERSITY OF NEW YORK
Overseas Academic Programs

STUDY STATEMENT

Your Name

Program Location Abroad

Administering SUNY Campus

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. Then send it to the International Education Office of the Administering SUNY Campus.

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.

Name and Title of Academic Advisor

Advisor's Signature

Date

University of East Anglia

Study Abroad Application Form



Please read the application guidance notes before completing this form.
*Note that European / ERASMUS students do **not** complete this form.

In order for your application to be processed, we must have a completed **Visiting/Exchange Student Module Enrolment Form** and all supporting documents.

Supporting documents required are:

- ✦ Visiting/Exchange Student Module Enrolment Form
- ✦ 2 Academic references
- ✦ Academic transcripts from your current institution
- ✦ English language test result (*if English is not your first language or the language of instruction at your current institution*).

Find the Visiting/Exchange Student Module Enrolment Form at the bottom of this form and on our website:

<http://www1.uea.ac.uk/cm/home/services/units/mac/international/studyabroad/YAP/incoming/saappform>

Please find the Guidance Notes for Study Abroad Application and Module Enrolment Forms on our website:

<http://www1.uea.ac.uk/cm/home/services/units/mac/international/studyabroad/YAP/incoming/applicationstudyabroadguidance>

Deadlines for application

Full Academic Year:	30 th April
Autumn Semester:	30 th April
Spring Semester:	31 st October

Applications and supplemental documents may be submitted by email, post or fax.

Postal Address:

Study Abroad Programme
International Office
University of East Anglia
Norwich, NR4 7TJ
UK

Fax: +44 1603 458596

Email: studyabroad@uea.ac.uk

Data Protection Act: The data controller is the University of East Anglia. The details on this form will only be used for processing applications to the Study Abroad Programme and for statistical purposes. The University does not sell or otherwise transfer personal data to any third parties.

STUDY PROGRAMME

Year of entry:

Period of Study

- Autumn Semester only (September to December) Spring Semester only (January to June)
 Full Academic Year (September to June) Calendar Year (January to December)

Applying as*

- Exchange student (My home institution has an agreement with UEA)
 Visiting student (My home institution is paying my tuition fees)
 Visiting student (I am paying my own tuition fees)

**If unsure which to choose, please ask your study abroad adviser.*

PERSONAL DETAILS

NAME (MUST BE AS IN PASSPORT):

Last Name:

First Name:

Middle Name(s):

Male Female

Date of Birth (Day/Month/Year): / /

Country of Citizenship (as in passport):

Passport Number:

Passport Expiry Date: ((Day/Month/Year): / /

Permanent/Home Mailing Address:

Town / City:

State / Province:

Postal / ZIP Code:

Country:

Telephone (inc country code):

Email:

Home University:

Current GPA:

Current Year of Study: 1st 2nd 3rd 4th Other

Major and/or Minor:

Please list ALL courses/modules in which you are currently enrolled:

✦
✦
✦
✦
✦
✦
✦

CONTACT DETAILS FOR STUDY ABROAD ADVISER

Title:

Full Name:

Email:

Office Address:

Town / City:

State / Province:

Postal / ZIP Code:

Country:

DISABILITY / LEARNING DIFFERENCE INFORMATION

The University welcomes students with disabilities and strongly encourages you to disclose any disability or medical condition which may impact your studies. Declaring a disability will not affect the academic decision about your application but will help us put any individual arrangements or facilities in place for the start of your study abroad programme at UEA.

Please tick **at least one** of the following:

No known disabilities

Specific Learning Disability eg. dyslexia

Blind / partially sighted

Deaf / hearing impairment

Wheelchair user / mobility difficulty

Mental health difficulties

Unseen disability eg. diabetes, epilepsy, asthma

Autistic spectrum disorder / Asperger's Syndrome

Disability not otherwise listed, please explain below

Please indicate any additional support you may require:

Support is provided through UEA's Dean of Students' Disability / Mental Health Coordinators.

COMPETENCE IN ENGLISH LANGUAGE

Is English your first language? Yes No

Are you currently being taught in English? Yes No

HOW DID YOU FIND OUT ABOUT UEA?

- University Website Study Abroad Advisor Education Fair Friend/Family
 University Publicity Other, please explain:

Please name other study abroad programmes to which you have applied:

PERSONAL STATEMENT

Please tell us a bit about yourself, including your reasons for choosing to study abroad at UEA (please limit to 300 words):

Continue on a separate sheet if needed.

DECLARATIONS

I give UEA permission to contact 3rd parties (e.g., parents, guardians or home institution).

- Yes, I give consent to contact 3rd parties No, I do not give consent to contact 3rd parties

Do you have any criminal convictions? Yes No

(If 'yes', you will be contacted confidentially for further information and to determine your eligibility to attend UEA.)

I confirm that the above information is correct and complete and all supporting documents are correct and authentic. If you are submitting this form electronically, please type your name or enter your electronic signature below. In doing so, you confirm that the above statement is correct, as if the document had been signed and dated by hand.

Signed: _____

Date: _____

Visiting/Exchange Student Module Enrolment Form

This form may also be downloaded from the website as a separate document.

Important Information

Students are required to take 60 UCUs per semester; if you are taking year-long modules, UCUs are divided between the two semesters evenly (e.g., a year-long 40 UCU module equals 20 UCUs per semester). Enter choices in vertical order of preference, with **alternative options** listed in the additional columns.

Mark any modules that are required by your home university with an (*), and we will attempt to prioritise these choices.

Course catalogue: <http://www.uea.ac.uk/international/studyabroad/YAP/incoming/coursecatalogue>

Module codes:

ending with odd numbers = Autumn semester

ending with even numbers = Spring semester

Y = Year-long module

Certain Schools of Study have restrictions on semester-long modules – you will need to check the assessment mode written in the course profile. If attending UEA for the Autumn-semester only, you may not take modules with exam assessments but should select Coursework-only (CW) variants if available. Students enrolling in Year-long modules will receive no credit if the second semester, and exam period, is not completed.

LAW and **NBS** offer a majority of year-long units and usually admit visiting students only for a Full Year of study; however, for students with appropriate background some LAW modules **may** be available for Autumn-semester only.

SWK limits visiting student enrolment to Psychology Major or Minor students due to limited class space. Students wishing to take one module in SWK must choose alternatives as places are limited.

Visiting/Exchange Student Module Enrolment Form

Last Name		First name(s)	
Home University		Semester/Yr of study e.g., Autumn 09, Year 09-10	
Email address			
Registration No <i>(office use only)</i>		Course Code <i>(office use only)</i>	

Autumn Semester and Year-Long Modules						
Preference	First Choice		Alternate 1		Alternate	
1	Code	ucu		ucu		ucu
	Title					
2	Code	ucu		ucu		ucu
	Title					
3	Code	ucu		ucu		ucu
	Title					
4	Code	ucu		ucu		ucu
	Title					
5	Code	ucu		ucu		ucu
	Title					

STATE UNIVERSITY OF NEW YORK
Overseas Academic Programs

CONFIDENTIAL REFERENCE FORM
Academic Reference #1

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: _____

STATE UNIVERSITY OF NEW YORK
Overseas Academic Programs

CONFIDENTIAL REFERENCE FORM
Academic Reference #2

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: _____



State University of New York

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Binghamton, New York 13902-6000
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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: _____ 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