

Student Information for Office of International Programs BU Students On Non-Binghamton Programs

Name: _____
Last
First
Middle

Programs you are applying for or program you are participating on:

University or Program Name	City	Country	Administering SUNY Campus
University or Program Name	City	Country	Administering SUNY Campus
University or Program Name	City	Country	Administering SUNY Campus

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? _____

Birthdate: ____/____/____ Place of Birth: _____ Sex (M/F): ____
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 #

_____ E-mail: _____
City
State
Zip Code

Permanent Address: _____
Number, Street
Apartment #

_____ Telephone: (____) _____
City
County
State
Zip Code

Check Current Status: ~ Freshman ~ Sophomore ~ Junior ~ Senior ~ Master ~ Doctorate GPA (cumulative): ____

Please check any sources you will be using to fund your time abroad:

Financial Aid: ____ Scholarships: ____ Grants: ____ Loans: ____ Parent / Guardian Assistance: ____ Savings: ____

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: _____

Student's Signature

Date