SUNY POTSDAM / GLOBAL EXPERIENCES

GLOBAL EXPERIENCES INTERNSHIP ABROAD PROGRAM

APPLICATION INSTRUCTIONS

Checklist of required application forms:

☐ Application (see page 2-3)
☐ Study Statement – submit a two-page, double spaced statement describing some or all of the following – why do you want to participate in this experience, what your goals are for this program, how this experience will assist you academically and in your future career, how you are preparing yourself for this program, etc.
☐ Confidential Academic Reference Form, Academic Reference #1 (see page 4)
☐ Confidential Academic Reference Form, Academic Reference #2 (see page 5)
☐ Judicial Review Form for Study Abroad (see page 6-7)
☐ Non-Potsdam students must also submit Official Transcript(s) from all colleges/universities attended (mail to address below)
☐ Non-Potsdam students must also submit the Non-Matriculated Student Application – download at: http://www.potsdam.edu/academics/ExtEd/nonmatric/index.cfm (mail to address below)

“Special” SUNY Potsdam Campus Instructions:

• Be sure your home campus study abroad office is aware of your plans to study abroad and bring the original 2-page application to your study abroad adviser for his/her signature at the bottom of page 2.
• Make a copy of all your application package documents for your records prior to mailing the originals.

Please return ALL of the required forms listed above to:

SUNY Potsdam
Office of International Education & Programs
107 Crumb Library, 44 Pierrepont Avenue
Potsdam NY 13676-2294

Email: international@potsdam.edu

Fax: 315-267-2811
Name: ___________________________ ___________________________ ______________
Last                  First                  Middle

Home SUNY Campus: ___________________________ Home Campus ID Number: __________

Internship period for which you are applying – check one:
☐ Summer ______  ☐ Fall ______  ☐ Spring ______  ☐ __________ (year)

Internship Location preference – city/country:
1st Choice: ___________________________ 2nd Choice: ___________________________
3rd Choice: ___________________________

Personal Information:

Birthdate: ______/_____/__________  Sex (M/F): ______        Married? (Y/N): ______
   MM     DD     YYYY

Place of birth: ___________________________ Country of Citizenship: ___________________________

Visa Status (if not a U.S. citizen): ___________________________

Local/Campus Address:
Number, Street  Apt#  Town/City  State  Zip Code

Permanent/Home Address:
Number, Street  Apt#  Town/City  State  Zip Code

Email Address: __________________________________________

Academic Status:

Major(s): ___________________________ Minor(s): ___________________________
☐ Freshman  ☐ Sophomore  ☐ Junior  ☐ Senior  ☐ Master/Doctorate

GPA (major, estimated): ___________________________ GPA (cumulative): ___________________________
* Please note: a minimum 2.75 overall GPA is required to be considered for participation in this program

Semester credits completed to date: Undergraduate: ______  Graduate: ______
Semester credits currently enrolled: Undergraduate: ______  Graduate: ______
### Colleges or Universities Attended:

<table>
<thead>
<tr>
<th>Name</th>
<th>Dates (from – to)</th>
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### Emergency Contact Information:

#### Name & Address of Parent/Guardian (if under 21):

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Phone</th>
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<table>
<thead>
<tr>
<th>Address</th>
<th>City/State</th>
<th>Zip Code</th>
<th>Cell and/or Daytime Phone</th>
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<tbody>
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</table>

Email: ________________________________

#### Emergency Contact Information (who should we contact in case of an emergency):

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Phone</th>
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Email: ________________________________

### Student signature: ____________________________ Date: _______________________

### Home Campus Study Abroad Office Signature

I am aware that this student is applying to the Global Experiences Internship Program through SUNY Potsdam.

Your Name (please print) ______________________________________________________

Title/Dept. ____________________________ SUNY Campus _______________________

Signature ____________________________ Date _______________________

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: ____________________________________________ Date: ___________________
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?
______________________________________________________________

<table>
<thead>
<tr>
<th>Academic attributes</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>No Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competence in major or specialization</td>
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<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Academic interest and motivation</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Capacity for independent study</td>
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<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Resourcefulness</td>
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<td>□</td>
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<td>□</td>
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<tr>
<td>Reliability</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<td>□</td>
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<tr>
<td>Integrity</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<table>
<thead>
<tr>
<th>Non-academic attributes</th>
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<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>No Evaluation</th>
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<tr>
<td>Level of maturity</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Ability to adapt to new or unstructured circumstances</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Self-confidence and self-esteem</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<td>□</td>
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<tr>
<td>Ability to relate well to others</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Emotional stability</td>
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<td>□</td>
<td>□</td>
<td>□</td>
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<td>□</td>
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<tr>
<td>Open-mindedness</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<td>□</td>
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<tr>
<td>Integrity</td>
<td>□</td>
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</table>

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

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

Competence in major or specialization
Academic interest and motivation
Capacity for independent study
Resourcefulness
Reliability
Integrity

Non-academic attributes

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: ____________________________
JUDICIAL REVIEW FORM

The State University of New York requires a judicial review of all applicants for its 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 Study Abroad Office on the campus responsible for the program in order for a determination to be made. Each applicant, regardless of home campus, is required to provide this authorization even if there is no judicial record. Students must also inform their home campus Study Abroad Office about their intention to study abroad.

Instructions for the Student: Please complete Section I of this form and then take 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 judicial officer: The student named on this form has authorized release of his/her judicial record to the Office of International Education & Programs at SUNY Potsdam. Please complete the second section of this form and then return the form to us directly by mail, fax or email at the end of this form. A prompt response is appreciated.

I. To Be Completed by the Student:

Last Name _______________________________ First Name _______________________________ Campus ID# _______________________________

Home Campus _______________________________ Name of Program Abroad & Administering Campus _______________________________

Have you ever been convicted of a felony? _____ 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 provide documentation and discuss all information related to any judicial affairs review on the campus at which I am matriculated with the appropriate Study Abroad Office 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.
(Recommended: End of the semester in which you will be studying abroad) OVER →
II. To Be Completed by the Judicial Affairs Officer

________________________________________  _______________________________________
Student’s Last Name                        Student’s First Name

1. _______ The student named above and on the reverse side of this form has not received a judicial sanction (probation or higher) on our campus.

2. _______ The student named above and on the reverse side of this form has received a judicial sanction (probation or higher) on our campus.

Effective Dates: _____________________________________________

Level of Sanction: _____________________________________________

Violation: ______________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________  _______________________________________
Printed Name of Individual Authorized to Complete This Form         Signature

________________________________________  _______________________________________
Title                                           Date

Please return this form directly to:

SUNY Potsdam, Office of International Education & Programs,
107 Crumb Library, 44 Pierrepont Ave., Potsdam, NY 13676

Fax: 1 (315) 267 2811