



The City College of New York  
Office of Study Abroad & International Programs



**STUDY ABROAD & EXCHANGE PROGRAM APPLICATION FORM**

Name \_\_\_\_\_ CUNY College \_\_\_\_\_

Program \_\_\_\_\_ Term/Year \_\_\_\_\_

College ID (SSN#) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Permanent Address \_\_\_\_\_

Tel (\_\_\_\_) \_\_\_\_\_ Tel (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_ Gender *Female* \_\_\_\_ *Male* \_\_\_\_

Country of Citizenship \_\_\_\_\_ Passport # \_\_\_\_\_

Current GPA \_\_\_\_\_ / 4.00

Enrollment Status *Freshman* \_\_\_\_ *Sophomore* \_\_\_\_ *Junior* \_\_\_\_ *Senior* \_\_\_\_ *Graduate* \_\_\_\_

Special Programs *Macaulay Honors College* \_\_\_\_ *SEEK* \_\_\_\_ *Skadden Arps* \_\_\_\_ *CWE* \_\_\_\_

Major(s) \_\_\_\_\_ Minor(s) \_\_\_\_\_

Funding *Federal Aid* \_\_\_\_ *Scholarship(s)* \_\_\_\_ *Opportunities Fund* \_\_\_\_

Applying for CUNY STOCS Award? *Yes* \_\_\_\_ *No* \_\_\_\_

- **Please read all application materials and program policies carefully.**
- **Students are advised to speak with their major advisors before applying to a study abroad or exchange program, no matter the length of the program.**
- **All application forms and supporting documents are to be filled out completely and returned to the Office of Study Abroad & International Programs in NAC 5/216.**
- **All program candidates must have met with an advisor before submitting the application.**
- **All students requiring a visa to enter the host country must get further instruction from the Office of Study Abroad and International Programs.**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

## ***Your CCNY Study Abroad Application Checklist***

1. Study Abroad & Exchange Program Application Form
2. A one-page personal statement on how the Program will help you meet your academic goals
3. One letter of recommendation from a college instructor with our recommendation sheet included
4. Copy of *valid* passport and supporting documents, i.e. visa, US Permanent Residence Card, etc.
5. Copy of your transcripts from all colleges attended (official or unofficial)
6. Notarized CUNY Waiver & Release Agreement
7. Emergency Contact Form
8. Your class schedule, indicating times you are free for an interview
9. An application fee of \$300 (money order or certified check) made out to “**The City College of New York.**” (This will be refunded if you are not accepted into the Program or if the Program is canceled)

**NB: The Physician’s Statement is to be handed in once you have been accepted into the program.**



RECOMMENDATION FOR STUDENTS APPLYING TO  
CCNY STUDY ABROAD PROGRAMS

Name of Student \_\_\_\_\_

Name of Recommender \_\_\_\_\_ Department \_\_\_\_\_

1. How long have you known the student?
2. On a scale of 1 to 5 (Circle between 1 as the lowest and 5 as the highest. Circle N/A if you are unable to judge) please rate:
  - a. The student's sense of responsibility 1...2...3...4...5...N/A
  - b. The student's oral presentation skills 1...2...3...4...5...N/A
  - c. The student's self-confidence 1...2...3...4...5...N/A
  - d. The student's ability to collaborate in a group 1...2...3...4...5...N/A
  - e. The student's adaptability 1...2...3...4...5...N/A
3. The student is applying to participate in a CCNY-sponsored international program. Please jot down some observations, in the space below, about the student's strengths and weaknesses in relation to his/her ability to participate successfully in this program. You may use an additional page or write a letter of recommendation instead, if you prefer to do so.

Recommender's Signature \_\_\_\_\_ E-Mail \_\_\_\_\_

*Please seal and sign the back of the envelope if you are handing your recommendation to the student or return to:*

*Mr. Kenneth Yanes, Associate Director or Ms. Ninive Gomez, Program Manager  
The Office of Study Abroad & International Programs  
160 Convent Avenue, City College of New York, NAC 5/216, New York, NY 10031  
E: [kyanes@ccny.cuny.edu](mailto:kyanes@ccny.cuny.edu), [ngomez@ccny.cuny.edu](mailto:ngomez@ccny.cuny.edu)  
T: +1.212.650.8592 F: +1.212.650.5841*



*The City College of New York*  
*Office of Study Abroad & International Programs*  
**EMERGENCY CONTACT FORM**



Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Day/Evening Phones: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Emergency Contact 1**

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Day/Evening Phones: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Emergency Contact 2**

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Day/Evening Phones: \_\_\_\_\_

E-mail: \_\_\_\_\_