STATE UNIVERSITY OF NEW YORK AT NEW PALTZ
APPLICATION FOR EXCHANGE PROGRAM

1. Name: _____
   Last (Family) Name *First Name* *Middle Name*

2. Current Address _____ Permanent Foreign Address _____

   _____ _____

   _____ _____

   Email: _____ Email: _____

   Telephone #: _____ Telephone #: _____

   Fax #: _____ Fax #: _____

   We will send all documents to your current address unless you request otherwise.

3. Country of Birth_____ Country of Citizenship _____

   Country of Legal Permanent Residence _____

4. City of Birth: _____

5. Gender: _____ Date of Birth: _____
   Month *Day* *Year*

6. Duration of Program: Fall Semester_____Spring Semester_____Full year_____

7. Status at home Institution: _____ Undergraduate _____Graduate _____ Other

8. Name of home university: _____

   Academic Department or Division: _____

   Academic Discipline or Major: _____

   Please provide your most recent course transcript.

9. Source of Financial Sponsorship: Family/Self _____Your university _____

   US Government _____Your government _____International Agency _____

   Other: _____

10. Financial Certification: Please provide financial documentation verifying your ability to cover your living expenses for the full period of time that you will study at SUNY New Paltz.
    Full year: $11,660 Semester: $5,910

11. Your Signature: _____

** Please include a copy of your passport page with this application*