

VISTING SCHOLAR APPLICATION

Complete and return to the Office of International Student & Scholar Services (ISSS).

Family name: _____ First name: _____

Middle name: _____ Gender: Male ___ Female ___

Date of birth: (Month) _____ (Day) _____ (Year) _____ City of birth: _____

Country of birth: _____ Citizenship: _____

Permanent home address: (Street) _____

(City) _____ (State/Province): _____ (Zip/Postal Code): _____

Country: _____ Telephone number & country code: _____

Will you be bringing any dependents (spouse/children under 21) with you to SUNY Oswego?: YES ___ NO ___

IMPORTANT: If you answered YES to the last question, please email Jo Ann Richardson at jo.richardson@oswego.edu with the number of dependents who will be accompanying you to the university, along with the cities in which they were born and a copy of the photo page of each of their passports. Note that even if they do not intend to come to Oswego and stay with you throughout the duration of your stay as a visiting scholar, the ISSS Office must be notified if any dependent - such as a spouse or child under 21 - intends to visit you, as we will have to file the appropriate paperwork.

Name of your university and campus: _____

Academic discipline (field of study/major): _____

Start date of program at SUNY Oswego: (Month) _____ (Day) _____ (Year) _____

End date of program at SUNY Oswego: (Month) _____ (Day) _____ (Year) _____

Name of emergency contact: _____

Relationship of emergency's contact relationship to you (spouse, parent, etc.): _____

Contact's address, if different than yours: (Street) _____

(City) _____ (State/Province): _____ (Zip/Postal Code): _____

Country: _____ Telephone number & country code: _____

Signature of applicant: _____

(Month) _____ (Day) _____ (Year) _____

Please return this form as an attachment to an email to jo.richardson@oswego.edu or by mail to:

*International Student & Scholar Services
102 Sheldon Hall
SUNY Oswego, Oswego NY 13126
United States*