

## **VISTING SCHOLAR APPLICATION**

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

Family name:	First name:			_
Middle name:				
Date of birth: (Month) (Day)	(Year)			
City of birth:	Country of birth:			
Citizenship:				
Permanent home address: (Street)			<u> </u>	
(City) (Sta (Zip/Postal Code): Country:	te/Province):			
(Zip/Postal Code): Country:				
Phone number (with country code):				
Email address:				
Will you be bringing any dependents (spouse/ch	nildren under 21) with y	ou to SUNY C	swego?:YES	NO
IMPORTANT: If you answered YES to the ladependents who will be accompanying you copy of the photo page of each of their pass stay with you throughout the duration of you dependent - such as a spouse or child under paperwork.	to the university, alous sports. Note that even r stay as a visiting so	ng with the citen if they do not cholar, the ISS	ties in which they we ot intend to come to SS Office must be r	ere born and a o Oswego and notified if any
Name of your university and campus:				
Academic discipline (field of study/major):				_
Start date of program at SUNY Oswego: (M	onth)	(Dav)	(Year)	_
End date of program at SUNY Oswego: (Mo	onth)	(Dav)	(Year)	
Name of emergency contact:	·	( - )/	/	
Relationship of emergency's contact relation		, parent, etc.)	 ):	
Contact's address, if different than yours: (S	Street)			
(City) (Sta	te/Province):		(Zip/Posta	I
Code): Country:				
Phone number (with country code):				
Signature of applicant: (Day) (Year			_	
(Month) (Day) (Year	)			
Please return this form as an attachment via	ı email to isss@osw	ego.edu		

102 Sheldon Hall Oswego, NY 13126 USA +1-315-312-5775 isss@oswego.edu