

Visiting Scholar Application

Basic Information				
Complete and return to the Office of Internation	al Student &	& Scholar Ser	vices: <u>isss@o</u> :	swego.edu
Last Name:	First Name:			
Date of Birth (MM/DD/YYYY):		Gender:	Male	Female
Citizenship:				
Permanent Home Address:				
City:	Province:			
Country:	Zip Code:			
Phone Number (with country code):				
Email address:				
If you are planning to bring any dependents (spouse/children under 21), please fill out the section below and email isss@oswego.edu a copy of the photo page of their passports. Note that even if they do not intend to come to Oswego and stay with you throughout the duration for your stay as a visiting scholar, the ISSS Office must be notified if any dependent intends to visit you, as we will have to file the appropriate paperwork.				
Spouse Number of Children (you are bringing):				
Academic Information				
Name of Your University:				
Field of Study/ Major:				
Start Date of Program at SUNY Oswego (MM/DD/Y	YYY):			
End Date of Program at SUNY Oswego (MM/DD/YY	YY):			
Name of Emergency Contact:		Relations	Relationship:	
Contact's address, if different than yours:				
City:	Province:	Province:		
Country:	Zip Code:			
Phone Number (with country code):				
Signature	Date (mm/dd/www):			