



International Exchange Program

This application should be used only by students who wish to attend Stony Brook University as a full-time non-degree student, according to the exchange agreement between the student's home institution and Stony Brook University. Please *type or print legibly* on this application. Do not use script. Illegible applications will be returned to sender.

Name: _____
(Family Name) (Given Name)

Home University: _____

Indicate the semester(s) you wish to attend:

- Fall
- Spring
- Academic Year

Academic Status:

- Undergraduate
- Graduate

Sex:

- Male
- Female

TOEFL Score:

Please write your score here and attach a copy of your grade report to this application.

Email Address: _____

Telephone Number: _____

Important

Exchange students should NOT make an independent application to SUNY or SUNY Exchange Programs. Instead, this application form must be submitted to the International Academic Programs office at Stony Brook University through the International office of the home institution. It should be accompanied by a request for DS-2019, copy of your passport, financial documents, nomination letter from your university, and TOEFL score.

RETURN COMPLETED APPLICATION TO:

Incoming Exchange Coordinator
International Academic Programs
E5340 Frank Melville, Jr. Memorial Library
Stony Brook, NY 11794-3397
(631) 632-7030 // Fax: (631) 632-6544