

STUDY ABROAD APPLICATION

studyabroad@sunysuffolk.edu

Personal Information (Please Print)				
Name:				
First	Middle		Last	
Date of Birth:/	Student ID #:			
Mo. Day Year				
Studer	nts must be 18 years p	rior to depar	ture.	
COLLEGE EMAIL ADDRESS REQU	JIRED:			
Additional Email:				
Mailing Address:				
Street	City	State	Zip Code	
Cell Phone:	Home Phone:	Home Phone:		
Name of Study Abroad Program for whi	ch you are applying:			
Room Preference: Single Dou	ıble (cost will vary base	ed on program) T -	shirt Size:	
Academic Information				
College Major:	GPA	/ Pend	ing	
A non-refundable Administra Checks must be made payable to SCC Asso Students whose applications a	ociation. All returned checks v	vill be charged \$3	35 returned check fe	
		Application accepted		
Signature of Student	Ар	Application declined		

Send completed application and check to: Suffolk County Community College, Ammerman Campus, Office of General Education, Riverhead Building/Room 300/301, 533 College Road, Selden, NY, 11784-2889