

**State University of New York  
College at Old Westbury  
Office of International Enrollment Services  
International Exchange Student Program**

**Instructions**

**1. Application Form**

Complete the application enclosed. Please answer all questions and included your signature and date on the required page.

**2. Official Transcript or Copy of Degree Information**

Documents issued from your home institution should carry the official seal and signature of a school official. Academic documents which are not in English should be accompanied by a translation.

**3. Personal Statement**

Use the attached form to submit an essay on what you expect to achieve during your year of study at the College at Old Westbury.

**4. Financial Statement Form**

All exchange students must document their ability to meet all required educational expenses for the entire period they intended to study. The DS-2019 Form will not be issued without this form.

**5. Official TOEFL or IELTS Scores (If Applicable)**

It is recommended that all exchange students submit official TOEFL or IELTS scores. The reports cannot be more than two years old. For more information regarding these exams please contact [www.toefl.org](http://www.toefl.org) or [www.ielts.org](http://www.ielts.org).

**6. Letters of Recommendation**

Two letters of recommendation are needed.

**7. Academic Advising Form**

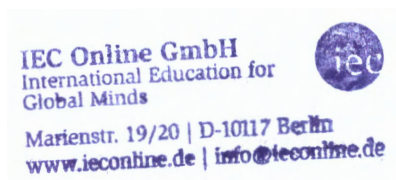
List of courses you would like to register for during your visit at SUNY College at Old Westbury.

**8. Immunization Records**

New York State Public Health Law requires all enrolled college students born after January 1, 1957 to show proof of immunity against measles, mumps and rubella. To download the form visit [www.oldwestbury.edu/campus/formsapps.cfm](http://www.oldwestbury.edu/campus/formsapps.cfm).

**The application for admission and all documents must be submitted by the appropriate deadline. Incomplete applications will not be processed for admission. Completed application received after the deadline will be processed on a space available basis.**

**Mail the completed application and supporting documentation to:**



**State University of New York  
College at Old Westbury  
Office of International Enrollment Services  
International Exchange Student Program**

**Checklist**

- Completed International Exchange Student Application**
- Official Transcript**
- Copy of College Degree**
- Personal Statement**
- Financial Statement Form**
- Official TOEFL scores or IELTS scores (if applicable)**
- Letters of Recommendation**
- Course Selection Form**
- Immunization Record**
- Copy of Passport**

**Deadline:**

Fall semester -April 15.

Spring semester - November 15.

**Mail the documents to:**

***ieconline* GmbH**  
Marienstrasse 19/20, D-10117 Berlin  
Tel. +49 (0)30-20458687  
[www.ieconline.de](http://www.ieconline.de)

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**iec** online GmbH  
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www.ieconline.de

**Application**

Name: (Please attach a copy of your passport biographical page)

\_\_\_\_\_

Family Name	Given Name	Middle Name
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Indicate first name to be used in the United States: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female  
(mm/dd/year)

Country of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Permanent Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I am applying for:

Fall  Spring  Summer  **Winter** \_\_\_\_\_ Year

Intended Major: \_\_\_\_\_

**Educational Summary:**

**Name of Home Institution:**

\_\_\_\_\_

**International Coordinator at Home Institution: (Name, Telephone, E-mail)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Application**

English Proficiency Information:

**TOEFL information: (If Applicable)**

Date: \_\_\_\_\_

Indicate score: \_\_\_\_\_

**IELTS information: (If Applicable)**

Date of test: \_\_\_\_\_

Indicate score: \_\_\_\_\_

**(Note: an official score must be received directly from the Educational Testing Service).**

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**Financial Information**

**Financial Statement Form:** All foreign applicants must document their ability to meet all educational and living expenses for the entire period of their intended study before the University can issue a Certificate of Eligibility (form DS-2019 SEVIS). Read the instructions on the Financial Statement. (See Attached Form: Financial Form)

I understand that this application cannot be processed if it has not been completed according to instructions and that any deliberate falsification or omission of data may result in denial of admission or dismissal. All information submitted is true to the best of my knowledge. With my signature, I authorize the release of my transcript(s) and standardized test scores to the College at Old Westbury for admission purposes.

\_\_\_\_\_  
(Signature required)

\_\_\_\_\_  
(Date)

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**State University of New York  
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Personal Statement

Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Student Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Write an essay, approximately 250 words, on how you plan to utilize your year of study and how you expect it to benefit your degree. Type your essay on a separate piece of paper.

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Letter of Recommendation

Name of student/scholar: \_\_\_\_\_

Name of Professor: \_\_\_\_\_

Department: \_\_\_\_\_

College: \_\_\_\_\_

Address \_\_\_\_\_

Please comment on the ratings and make additional statements concerning the candidate's integrity, achievement and potential. Please indicate how long and in what capacity you have known the applicant. Attach additional sheets if necessary.

	Outstanding	Excellent	Average	Below Average	Not Observed
Intellectual Ability					
Leadership Potential & Ethical Conduct					
Ability to work with other					
Analytical Ability					
Initiative					
Communication Skills					
Maturity					
Self-Confidence					

**Additional comments about the student.**

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Evaluator Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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Letter of Recommendation**

Name of student/scholar: \_\_\_\_\_

Name of Professor: \_\_\_\_\_

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**Additional comments about the student.**

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\_\_\_\_\_

Evaluator Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**State University of New York**  
**College at Old Westbury**  
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**International Exchange Student Program**  
**COURSE SELECTION FORM**  
**FOR ADVISORS OF**  
***INTERNATIONAL STUDENTS***

**Use faculty WEB for CAPP to view your advisees' academic records.  
 See reverse for directions.**

Term: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Student ID Number: \_\_\_\_\_  
 Academic Program: \_\_\_\_\_

CRN	Course Title	Credits	Days
1			
2			
3			
4			

Total Credits: \_\_\_\_\_  
 Verify Expected Date of Graduation: \_\_\_\_\_

**Note:** Academic Advisors must verify that the student will graduate **on time**. If the student's graduation date has changed, the Office of International Enrollment Service must notify the Department of Homeland Security within **10** business days with an explanation for the change.

**Students are not allowed to register without the required signatures.**

Academic Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Office of International Enrollment Services: \_\_\_\_\_

Date: \_\_\_\_\_

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