

Office of Study Abroad and Exchanges
University at Albany, SUNY, SL G40, Albany, NY 12222

RESPONSE FORM

Return this form immediately to the above address to allow sufficient time for your application to be sent to the appropriate overseas partner.

Check all boxes which apply.

NAME: _____

I have received notification of my acceptance into your program in (country/program) _____

for the fall spring summer academic year wintersession other _____

YES! I will participate!

➔ I authorize the University at Albany to convey my application, transcript, letters of recommendation, and post acceptance materials to the host institution overseas.

➔ I understand my financial obligations as explained in the *General Information Handbook* found at www.albany.edu/studyabroad under the "Current Participants" tab and on the *Estimate of Costs* for my program.

- Enclosed is my deposit of \$ _____.
- I will participate, but my deposit will be sent by a different person. Please watch for a check from _____.

I give you permission to share my name, address, email, and phone number with other participants on this program.

- No, please do not give out my information to other participants.

Student Ethnic Data (Optional. The following is requested for statistical purposes only.)

- Afro-American (not of Hispanic origin) Alaskan Native or American Indian Asian or Pacific Islander
- Caucasian Hispanic Other: specify as you wish _____

Student Disability Data (Optional. Requested for statistical purposes only.) Do you have a physical, hearing, vision, mental, chronic health related, learning, multiple, or other disability? Yes (circle type) No

ALL STUDENTS: SIGN HERE! ➔ ➔ _____
signature /date

MAYBE... Your program is one of my top choices.

- I am still considering various options and request an extra two weeks to reply to the offer of acceptance. I understand that if I do not send in my deposit within two weeks of the date on my *original* letter of acceptance, my place may be offered to another student.
- No, but thank you for considering me.** I will not be able to join the program because: (Please return this or email the adviser for your program or we may continue to contact you.)
 - I have chosen the program in _____ sponsored by _____ instead because _____
 - I would like to defer my participation to a later semester** if this would be possible. Please consider me for the _____ semester.
 - I have decided not to study abroad after all.

(H: Postaccept Gen. Forms/red form) 2/10/09 For office use only:
Adviser's initials _____ Date _____ DB updated _____ PS page printed _____

Acceptance Packet Inventory

Please check through your packet and follow the on-line links in your program-specific checklist to be sure that you can locate all the forms and information listed below. All of the general forms used for all programs are on our website at www.albany.edu/studyabroad under the “Current Participants” tab.

Also be sure you have read the information on our website about:

- Electronic bills and payments
- Mandatory SUNY Health Insurance
- Passports and Visas
- Orientation Date and Schedule
- General information about all aspects of study abroad

If you *can't* find the information or the forms on this inventory online, check the “I NEED THIS” column so that we can send them to you.

I found this	I NEED THIS	FORMS REQUIRED OF ALL STUDENTS
		Agreement/Release Form (enclosed). Please read, sign, and return this form along with this form.
		Estimate of Costs for your program (enclosed)
		Your MEDEX card (enclosed). Note that this card will only be valid after you have enrolled for a study abroad program administered by Albany

I found this	I NEED THIS	PROGRAM-SPECIFIC FORMS
		See your Adviser's Checklist for a list of any other program-specific forms and clearly indicate exactly what you are missing if you are marking this section!

***** Complete the first page too!! ***** checked by _____ date _____
 acceptance packet inventory (H: postaccept)2/10/09 missing items mailed _____