



STUDY ABROAD APPLICATION

studyabroad@sunysuffolk.edu

Personal Information (Please Print)

Name: _____
First Middle Last

Date of Birth: ___/___/____ Student ID #: _____
Mo. Day Year

Students must be 18 years prior to departure.

COLLEGE EMAIL ADDRESS REQUIRED: _____

Additional Email: _____

Mailing Address: _____
Street City State Zip Code

Cell Phone: _____ Home Phone: _____

Name of Study Abroad Program for which you are applying: _____

Room Preference: Single _____ Double _____ (*cost will vary based on program*) **T-shirt Size:** _____

Academic Information

College Major: _____ GPA _____ / Pending _____

A non-refundable Administrative Fee of \$250 must be submitted with this application.

Checks must be made payable to SCC Association. All returned checks will be charged \$35 returned check fee.

Students whose applications are **declined** may apply for an administrative fee refund.

Signature of Student

Application accepted _____
Application declined _____

Send completed application and check to: Suffolk County Community College, Ammerman Campus, Office of General Education, Riverhead Building/Room 318, 533 College Road, Selden, NY, 11784-2889