

SUNY OSWEGO INFORMATION SHEET FOR PROSPECTIVE EXCHANGE STUDENTS

We are pleased you are considering studying at SUNY Oswego. Before you submit your application, please read through the information below carefully, so you can **determine if you wish to proceed** with your application as an exchange student at SUNY Oswego.

Consider if you want to apply to SUNY Oswego. Since exchange students are the last cohort of students to register into open courses with available seats, there is **NO GUARANTEE** that you would be able to register into courses that you are required to or desirous of taking because courses would either be closed or restricted by the time you are allowed to register. There would be restrictions such as reserved seating, major/minor and special population courses that may prevent you from registering. Additionally, **please note** that courses within the **following majors are of high demand and it is unlikely that you will be able to register into courses in Business, Biology and Chemistry**. If you are required to take courses in these majors or plan to transfer credits towards graduation, you are **advised to reconsider** if you wish to proceed with your application.

Determine if you have satisfied the English proficiency requirement: Students from countries that do not offer university courses in English must provide minimum English proficiency scores of either 72iBT TOEFL or 6.0 IELTS.

Review course offerings: Courses are **not** offered every semester. Course schedules from previous semesters will be similar

https://web-banner.oswego.edu/pls/prod/bwckschd.p_disp_dyn_sched

Process to register into courses: After your application and documents have been processed, you will receive an email from the Registrar's Office with your ID number, instructions on how to activate your Oswego email account, steps to submit a pre-requisite waiver, and register into available seats through myoswego.. You must register into a minimum of 12 credit hours to maintain your status as a full time student at Oswego. **Please note that you will NOT BE ABLE TO REGISTER into courses that are closed, courses that have a major/minor restriction, courses that have a time conflict or courses that have a letter next to the section number** (for example, 80H,80C,80S,80F.)

Academic Advisor: You will be assigned to an advisor and provided with your advisor's email address after your application materials have been processed. Your **academic advisor will NOT be able to register you into closed or restricted courses. Your academic advisor will only be able to advise you if the courses you plan to take would be suitable for you given the courses you have taken at your home university.**

For your reference, below is an explanation on some of the restrictions that you may encounter when you try to register.

Prerequisite: A "prerequisite" means a course or other requirement that a student must have completed prior to enrolling into a specific course or program at SUNY Oswego. On the first day of class, you will be required to provide course descriptions in English of any courses you have taken at your university that meet SUNY Oswego's prerequisite requirement. The registrar's email will advise on the process to override pre-requisites when you register for courses.

Closed Course: The course is full and there are no available seats in the course

Major/Minor Restriction: Courses may be closed to non-majors. There is a slim chance that **some courses may have seats available by the time you meet your advisor during orientation, but you should not rely on this remote possibility**. If you have decided to apply, please note the following:

1. **Deadline:** Submit your complete application and documents by the deadline posted on the website
2. **Submission of application and required documents:** Submit the application and required documents as an attachment to an email to iss@oswego.edu
3. **Download the Checklist, Application, Acknowledgment, Forms and at the link below:**
http://www.oswego.edu/academics/international/ISSS/Exchange_Applications.html

Important Dates and Information

Arrival: Students are expected to arrive into **Syracuse** Airport on the date indicated in the letter received with visa documents. Transportation will be arranged to bring students from the airport to their residence hall on that date

Required Orientation: Students are **required** to attend a series of orientation sessions commencing the day after the designated arrival date.

Housing: **ALL** exchange students **must live on campus for their first semester of study**. Students electing to live in Hart Hall will be expected to fulfill the one credit academic community service requirement. Submit the Residence Life and Housing Agreement as an attachment to isss@oswego.edu

Walker Health History Immunization Form: Students are required to fill out and return the Walker Health Immunization Form as an attachment to intlhealth@oswego.edu. The form is available through the link in item 3 above.

Medical Insurance: Students are required to purchase SUNY mandated HTH comprehensive insurance and advised to visit their optician for spectacles and their dentist for oral care in their home country before departure. You will **automatically be enrolled into the insurance plan** and you will receive your insurance cards at orientation.

Student Accounts: Students **must pay their bill in full within five days of the start of classes**. Students will be expected to settle their accounts directly during this period, unless direct payment has been arranged in advance by their home universities.

Campus Dining: Students living on campus must purchase a meal plan. Details are available at this site: http://www.oswego.edu/administration/auxiliary_services/resident_dining.html

Questions: Please send an email to isss@oswego.edu if you have any questions on applying to SUNY Oswego as an exchange student.

Exchange Student Application Checklist

Please email to iss@oswego.edu the following documents:

1. Exchange Student Application Form
2. Acknowledgement
3. Copy of your passport photo page
4. Evidence of minimum English proficiency scores of either 72iBT TOEFL or 6.0 IELTS, or C-1 on the Cambridge English Scale. You don't have to submit English proficiency documentation if English is your native language.
5. Bank statement signed and stamped by the bank official evidencing sufficient funds for the duration of your program
6. Scholarship letter, if applicable
7. Completed and signed full Exchange or Academic-Charge Estimated Bill
8. SUNY Room & Board Agreement
9. SUNY Oswego Walker Health History Form
10. College transcript
11. English description of courses that have met SUNY Oswego pre-requisite requirements

SUNY Oswego Academic Exchange Application

Family name: _____ First name: _____ Middle Name: _____

Gender: Female _____ Male _____ Date of Birth: (Month) _____ (Day) _____ (Year) _____

Permanent Home Address: _____

Street _____

City _____ State _____ Zip/Postal Code: _____

Country _____ Telephone Number with country code: _____

E-mail address (please print clearly) _____

Country of birth: _____ City of birth: _____

Citizenship[s]: _____ Passport Expiry Date: (Month) _____ (Day) _____ (Year) _____

Current address (if different than above): _____

Current telephone number (if different than above): _____

Name of your university and campus: _____

Academic major at your campus _____

Academic specialization sought at SUNY Oswego _____

Intended semester to begin study at SUNY Oswego: Fall 20 _____ or Spring 20 _____

Please check (X) number of semester(s) at Oswego: One Semester _____ or Two Semesters _____

Check the appropriate box: ☐ Undergraduate student ☐ Graduate student

Name of parent/spouse/next of kin (circle one): _____

Address and telephone number of next of kin (if different from permanent address and telephone number stated above):

Signature of Applicant : _____ (Month) _____ (Day) _____ (Year) _____

Signature of your current Academic Advisor: _____ (Month) _____ (Day) _____ (Year) _____

Return this form to: iss@oswego.edu

International Student and Scholar Services
102 Sheldon Hall, SUNY Oswego
Oswego, NY 13126 U.S.A

ACKNOWLEDGMENT

I have read the Information Sheet for exchange students applying to SUNY Oswego and I understand:

1. There is no guarantee that I will be able to register into courses that I am either required to or desirous of taking at SUNY Oswego after I am allowed to register into courses
2. After I receive my ID and instructions from the registrar, I will register into open or unrestricted courses for a minimum of 12 credit hours
3. My academic advisor will not be able to register me into closed courses or courses with restrictions. My academic advisor will be able to advise me if I have any questions on an open course that I plan to take or assist me in determining if an open or unrestricted course would be suitable for me given the courses that I have taken at my home university.
4. My student account bill must be settled within five days after classes begin, and I will make sure that outstanding bills are paid before I depart from Oswego at the end of the semester. My transcript will not be issued if I have an outstanding bill.

First Name

Last Name

Signature

Academic Exchange Estimated Bill
One Semester - \$9631.00

Please sign and date this copy of your estimated bill and return it with your application to SUNY Oswego to expedite the issuance of your DS-2019. Please keep a copy of this form.

I understand that I am required to pay my SUNY Oswego bill WITHIN FIVE DAYS after the start of classes. Failure to do so will result in cancellation of meals, removal from the residence hall and deregistration from classes.

Family name: _____ First name: _____

Signature: _____ Date: _____
(month/day/year)

Email: (please print clearly) _____

We do not recommend payment prior to arrival as bills may be incorrect until you have a full course load, and refunds can become complicated if you defer your attendance. You may use traveler's checks, a credit card, a bank draft or a check **payable to SUNY Oswego** or pay online through

<https://www.peertransfer.com/school/oswego/>

Please note that these costs may have increased by the time you pay your bill. **Partial payments are not permitted.**

Listed below are your current estimated program costs for one semester on-campus. Please be prepared to pay your bill within five days of the start of classes. * Fees are subject to increase.

Medical Insurance	\$ 542.25
Technology Fee	\$ 205.00
SA Fee	\$ 111.00
Walker Health Fee	\$ 178.00
Athletic Fee	\$ 214.00
College Fee	\$ 12.50
Transportation fee	\$ 25.00
Subtotal	\$ 1,292.00

On campus residence life room and board

Room	\$ 4195.00	Double room
Board	\$ 2500.00	Full meal plan – 19 meals/week
ASC Washer/Dryer Fee	\$ 70.00	
Resnet Fee	\$ 74.00	
Subtotal	\$ 6,839.00	

Additional Costs:

Books	\$ 500.00 to \$600.00 per semester- depending on your course choices.
Personal spending	\$ 1000.00 estimated over a 15-week semester.
Subtotal	\$ 1500.00

TOTAL **\$ 9631.00** minimum amount required on financial documentation

No visa application will be sent until the financial documentation and the completed health report form requirements have been received in addition to the ISSS forms.

Note: Holiday stay-overs on campus at Thanksgiving, Christmas and Spring Break will include almost 40 days of extra accommodation and food costs. **Please budget an extra \$500-600 per semester in addition to the above costs. This will not be shown on the DS-2019.**



WALKER HEALTH CENTER

HEALTH HISTORY AND IMMUNIZATION FORM

Mary Walker Health Center, Bldg. #10
State University of New York at Oswego, Oswego, NY 13126
Fax# 315-312-5409 Phone# 315-312-4100 whealth@oswego.edu

Instructions and Information: Please provide the following information as completely as you are able. Information on this form is CONFIDENTIAL and is used for your health and safety while you are a student. Information will be released only with your written permission or with a court order. Call 315-312-4100 with questions. FAX number: 315-312-5409. E-mail whealth@oswego.edu

IDENTIFICATION:

Student ID# _____

Year Entering 20 _____ Fall _____ Spring _____

Student Status ☐ Freshman ☐ Transfer ☐ Graduate

PRINT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Telephone Number: Home (_____) _____

Cell Phone Number: (_____) _____

Birth Date: Month/Day/Year _____

Gender: ☐ Decline to Answer ☐ Male ☐ Female

☐ Transgender male/Transman/FTM ☐ Transgender female/Transwoman/MTF

☐ Non-binary gender. Please Specify: _____

☐ Additional Category. Please Specify: _____

Race: Please Specify: _____

Country of Birth _____

Citizenship: US _____ OTHER (specify) _____

During the last five years, have you lived outside the US or your home country for a month or more? ☐ Yes ☐ No Where? _____

Mother's Name: _____

Father's Name: _____

PERSON TO NOTIFY IN CASE OF AN EMERGENCY:

Name _____ Relationship _____

Address _____

(_____)

Home Telephone Number _____

(_____)

Business Telephone Number _____

YOUR LIFESTYLE: ARE YOU ...

YES NO

☐ ☐ A consistent seat belt user?

☐ ☐ Tobacco user?

Chewing _____ Smoking _____

How many years? _____ How many cigarettes per day? _____

☐ ☐ Concerned about your weight?

☐ ☐ An alcohol consumer?

How many per day? _____ per week? _____

☐ ☐ Performing testicular or breast self exam?

HEALTH: Answer All Questions

Describe any treatment you are currently receiving:

List any current medications:

YES NO

☐ ☐ Are you **allergic** to medications? List them:

☐ ☐ Are you **allergic** to foods? List them:

☐ ☐ Latex allergy?

AUTHORIZATION: FOR ALL STUDENTS UNDER THE AGE OF 18

Signature of parent/guardian indicates SUNY Oswego Walker Health Center has permission to provide medical care or emergency treatment for your child. This includes care and treatment by other consultants, if deemed necessary.

Signature of Parent / Guardian _____

Daytime Phone Number _____

Home Phone Number (if different) _____

HEALTH INSURANCE INFORMATION:

■ Must cover OUTPATIENT healthcare in this community.

■ Student should have his/her own insurance card!

■ Is pre-authorization required? ☐ Yes ☐ No

If "yes", phone # to call:

Ins. Company Name _____

Ins. Company Address _____

City _____

State _____

Zip _____

Insured's Name _____

Relationship to patient _____

Employer: _____

Employer Address: _____

Policy Number _____

Plan Code _____

Group Number _____

Is PRESCRIPTION COVERAGE included with this plan?

☐ Yes ☐ No if "Yes", Co-pay amount _____

PAST MEDICAL HISTORY:

Have you had any of the following problems?:

- | | |
|--|---|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Phlebitis |
| <input type="checkbox"/> Bladder/Kidney Infection | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Cancer or Malignancy | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Chicken Pox (date ____ / ____ / ____) | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Chronic Inflammatory | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Treatment to prevent Tuberculosis |
| <input type="checkbox"/> Bowel Disease | <input type="checkbox"/> Sexually Transmitted Disease such as: Chlamydia, HIV, HPV, |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Vaginitis, i.e. Trichomonas, Monilia, or Bacterial Vaginosis |
| <input type="checkbox"/> Hepatitis | |
| <input type="checkbox"/> Infectious Mononucleosis | |
| <input type="checkbox"/> Knee Injury | |
| <input type="checkbox"/> Mental Health Problems | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Surgery _____ |

☐ I have read this section and none apply.

FAMILY MEDICAL HISTORY:

Please check below if any blood relatives have/had any of the diseases listed. Mother (M), Father (F), Siblings (S), Grandmother (GM), Grandfather (GF), Children (C)

YES	WHO	
_____	_____	Alcoholism
_____	_____	Allergy/Asthma
_____	_____	Bleeding Problems
_____	_____	Cancer _____
_____	_____	Diabetes
_____	_____	Epilepsy
_____	_____	Headache
_____	_____	Heart Disease
_____	_____	High Blood Pressure
_____	_____	Kidney Disease
_____	_____	Mental Problem
_____	_____	Nervous Problem
_____	_____	Obesity
_____	_____	Ulcer
_____	_____	Tuberculosis

IS THERE ANY OTHER INFORMATION ABOUT YOUR MEDICAL HISTORY OR CURRENT MEDICAL NEEDS WE SHOULD KNOW?

WHO IS YOUR CURRENT HEALTH CARE PROVIDER?

Name (print): _____

Phone: _____

CURRENT MEDICAL STATUS:

Are you under treatment for or have you had any of the following with in the PAST YEAR?:

- | | |
|--|---|
| <input type="checkbox"/> Arthritis/Joint Problems | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Irritable Bowel Syndrome |
| <input type="checkbox"/> Bleeding/Blood Disorder | <input type="checkbox"/> Kidney/Bladder Infection |
| <input type="checkbox"/> Cancer _____ | <input type="checkbox"/> Mental Health Problems, Depression, Anxiety, Bipolar, OCD. |
| <input type="checkbox"/> Chronic Skin Condition or Eczema | <input type="checkbox"/> Painful Menstruation |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Recurrent Diarrhea/Constipation |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Recurrent Headaches/Migraine |
| <input type="checkbox"/> Digestive Problems | <input type="checkbox"/> Seizure Disorder (epilepsy) |
| <input type="checkbox"/> Disabling Condition | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Dizziness/Fainting | |
| <input type="checkbox"/> Eating Disorders including bingeing | Explain: _____ |
| <input type="checkbox"/> Frequent Colds | _____ |
| <input type="checkbox"/> Hay Fever, Allergies | _____ |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Other _____ |

☐ I have read this section and none apply.

OPTIONAL PHYSICAL EXAM:

*For students planning to participate in intercollegiate athletics,
See Mandatory Pre-participation Sports Physical Exam Form.

Blood Pressure _____ Height _____ Weight _____

PHYSICAL EXAM

Skin:

H.E.E.N.T.:

Neck:

Lymph Nodes:

Chest & Breasts:

Lungs:

Heart:

Abdomen:

Pelvic, Rectal, and Genitalia:

Skeletal & Extremities:

Neurological:

Please comment about student's physical and mental status including restrictions:

Signature: _____ MD/NP/PA

Print Name: _____

Address: _____

Phone: _____ Date: _____

State University of New York at Oswego • Immunization Form

Walker Health Center • 315-312-4100 ph • 315-312-5409 fax • whealth@oswego.edu

Name _____ Date of Birth _____ Student ID # _____

Have your doctor, nurse practitioner, physician's assistant or school nurse complete and sign the form
OR a copy of your immunizations from your high school, prior college, or private health care office is acceptable.

IMMUNIZATION RECORD REQUIRED* (Dates Must Be Written Mo/Day/Yr): Please read attach letter for detailed instructions.

DISEASE	Vaccine Date Given Mo/Day/Yr	Vaccine Manufacturer	Vaccine Lot Number	Initials of Vaccine Administrator OR certifying health professional	Physician Diagnosed Disease History (date onset)	Serology Date/Results (copy of lab report MUST be attached)
MEASLES* ¹	# 1 # 2					
MUMPS* ²						
RUBELLA* ³						
OR COMBINED MMR* ^{1&2}	# 1 # 2	Merck Merck				
TETANUS/DIPHTHERIA Tetanus Diphtheria Tdap - Recommended						
VARICELLA Recommended	# 1 # 2					
HEPATITIS A	# 1 # 2					
HEPATITIS B Recommended	# 1 # 2 # 3					
MENINGOCOCCAL MENINGITIS VACCINE Recommended: Menomune OR Menactra	# 1					
GARDASIL Recommended	# 1 # 2 # 3					

New York State Law requires all entering college students to have:

- Two doses of LIVE virus measles (rubeola) vaccine (live vaccine was available after 1/1/68) at least 30 days apart.
The first dose of live virus vaccine administered after the age of 12 months.
A second dose administered more than 30 days after the first but after 15 months of age.
- LIVE virus mumps vaccine (live vaccine was available after 1/1/68) administered after the age of 12 months.
- LIVE virus rubella vaccine (live vaccine was available after 1/1/68) administered after the age of 12 months.

* NOTE: Students born before 1/1/57 do not need to fulfill measles, mumps, rubella requirement. Required for international students.

SIGNATURE REQUIRED:

I certify that the above immunization information is complete and accurate to the best of my knowledge:

Signature of provider or school official (MD, NP, PA, RN)

Date

Print name and address of certifying provider or school official

Mantoux testing is required if foreign born in TB endemic country or travel to TB endemic country > 1 month.

TEST	CXR	Date placed Mo/Day/Yr	Manufacturer	Date Read	Size of Induration	Reader Initials
PPD						

IMPORTANT INFORMATION TO HELP YOU FILL OUT THIS FORM CORRECTLY

- Immunization and health history for student to fill out and return
- Optional Physical Exam
- Athletes: **Mandatory Pre-participation Sports Physical Exam. See Additional Form.**

Walker Health Center and its professional staff welcome you to Oswego State. Pay attention to the following information to help you meet the health clearance requirements by correctly completing this Health History and Immunization Form. *Students who do not comply or fully meet this requirement will be restricted from class attendance.*

Where can you obtain an acceptable record of your immunizations?

- **High School** - These records must contain adequate information (the month, day, year) for each immunization.
- **Personal Immunization Records** - Transfer immunization information to this form and have your MD, NP, PA, or school nurse sign the form.
- **Local Health Departments** - If primary immunizations were received at your County Health Department request a certified copy from there.
- **Transfer Students** - Obtain a copy of your immunizations from your previously attended school by getting in direct contact with the Health Service.
- **Meningococcal Meningitis vaccine** - Recommended for students living in college residence halls. Meningococcal Meningitis is a rare, very serious, and potentially fatal disease. Certain strains of the disease can be prevented by vaccination. The vaccination has a lasting effect of up to 5 years. Talk to your health care provider about the need for this vaccine.
- **Tdap** - Recommended within 10 years.

For further information, please contact Walker Health Center at 315-312-4100 Monday through Friday 9 a.m. to 4 p.m.

INSTRUCTIONS:

Follow printed instructions for each section of this form and then mail, fax, or email it directly to Walker Health Center. Complete the Personal Information and Health Insurance Information. Insurance information is necessary if you need outpatient laboratory or x-ray services as an adjunct to your care at Walker Health Center as well as for emergencies.

The Immunization Record is extremely important and complex.

You cannot live on campus or attend class if this information is incomplete or inaccurate, and/or a Certifying Signature is not included.

- Review the requirements carefully with your school nurse, health care provider, or clinic.
- Submit your immunizations with your clinician's signature (MD, NP, RN, or PA) OR an official copy from your high school or college is acceptable.
- Update vaccines as indicated by the stated standards.
- Exemptions are considered for medical or religious reasons only. All exemption requests must be in writing with all details of request included.
- Skin testing for tuberculosis exposure will be performed on campus at Walker Health Center for persons born or having residence in environments with endemic tuberculosis or students needing testing for community service or employment.

Health Insurance information - including this information will ease student access to referrals.

Before waiving the Oswego State Student Health Insurance Plan, be sure your current coverage can be used for OUTPATIENT SERVICES (lab costs, x-rays) and specialist referrals in this community.

Personal and Medical History

- Complete as accurately as possible with necessary explanations. Accuracy of information will allow our providers to provide safe health care. You have the option to complete the health history via online link in new student menu or completing the whole form and sending with your immunizations.

Permission to treat underage students

- Parents of students under 18 years of age must complete this section.

OPTIONAL PHYSICAL EXAM: Who should have a physical?

- Athletes: **Mandatory Pre-participation Sports Physical Exam. See Additional Form.**
- Any student with a history of chronic disease (asthma, diabetes, arthritis, cancer, heart, kidney, endocrine, lung disease, or any eating disorder).

Due Date: As soon as possible. (ASAP)
Students will NOT be able to register for orientation until this form and your Health History Form are received.
Health History form can be accessed from link on new student menu or www.oswego.edu/walker.

Return the form Walker Health Center, Bldg. #10
by mail, email State University of New York at Oswego
or fax: Oswego, NY 13126
whealth@oswego.edu
Fax # (315) 312-5409

ON-CAMPUS LIVING AT SUNY OSWEGO

REQUIREMENTS FOR INTERNATIONAL STUDENTS

Living on campus is an integral part of the educational experience at SUNY Oswego. Residence hall living immerses students in our campus, providing support and ready access to the intellectual and social events and organizations that are a vital part of the liberal arts college environment. For these reasons, most incoming International Students are required to live in the residence halls at SUNY Oswego.

Specifically:

- UNDERGRADUATE DEGREE STUDENTS are REQUIRED to live on campus at SUNY Oswego unless they are 21 years-of-age.
- ALL EXCHANGE STUDENTS are REQUIRED to live on campus for at least one full semester.
- GRADUATE STUDENTS are NOT REQUIRED to live on campus but are welcome to do so.

UNDERGRADUATE DEGREE STUDENTS

UNDERGRADUATE DEGREE STUDENTS are typically housed in the Hart Hall Global Living & Learning Center. These arrangements are made during the Admissions process.

EXCHANGE STUDENTS AND GRADUATE STUDENTS

HOUSING OPTIONS: There are three primary housing options for International Exchange and Graduate Students at SUNY Oswego:

- Hart Hall Global Living & Learning Center*
- Funnelle Hall
- Moreland Hall

These communities are traditional corridor-style residence halls with shared single-gender bathrooms. With a few exceptions, students are housed double occupancy (two students of the same gender sharing a bedroom). See RESIDENCE HALL OPTIONS for more specific information about these residence halls.

**** Hart Hall residents must enroll in and successfully complete the one-credit IST 190/390 course and perform 10 hours of community service each semester.***

APPLICATION PROCESS: Exchange Students and Graduate Students arrange for housing as follows:

1. Review the information about the different Housing Options
2. Complete, sign and return the following forms to the Office of International Education and Programs
 - *International Student Housing Preference Form*
 - *Room and Board Agreement*

RESIDENCE HALL OPTIONS at SUNY Oswego

There are three primary housing options for International Exchange and Graduate Students at SUNY Oswego: Funnelle Hall, Hart Hall Global Living & Learning Center and Moreland Hall; all are traditional corridor-style residence halls with shared single-gender bathrooms. With few exceptions (noted below), students are housed double occupancy (two students of the same gender sharing a bedroom).

Hart Hall Global Living & Learning Center**

http://www.oswego.edu/student/residential/residence_halls/hart.html

- residential learning community which houses 340 men and women (mostly undergraduates) on 8 residential floors
- All residents MUST participate in the IST academic program, which includes enrollment in a one-credit academic course and a community service requirement each semester (see enclosed *Hart Hall Global Living & Learning Center Agreement* for more information)
- nine faculty members in residence
- located in the center of campus
- TV lounge and kitchen on every floor (International Students, as well as American students, enjoy this feature as an opportunity to prepare occasional meals)
- very active community offering events and programs almost daily
- excellent option for students interested in global awareness
- limited number of single rooms available

Funnelle Hall**

http://www.oswego.edu/student/residential/residence_halls/funnelle.html

- houses 400 men and women on 8 residential floors
- a more traditional American residence hall
- TV lounge on each floor
- centrally located

Moreland Hall (part of Mackin Complex)

http://www.oswego.edu/student/residential/residence_halls/mackin.html

- houses 150 men and women
- located on the east side of campus across the street from Sheldon Hall (home of Office of International Education and Programs)
- a more traditional American residence hall
- kitchen on each floor
- Mackin Dining Center, located in the complex, offers meals several days of the week
- popular option with residents in the School of Business (Rich Hall across the street)

***Hart and Funnelle are connected via Cooper Tunnel (home of Cooper Dining Center and Cooper Fitness Center).*

International Exchange and Graduate Student Housing Preferences

Room assignments are made based on space availability. For this reason, while Residence Life and Housing will make every effort to honor your housing preferences, we cannot guarantee that your preferences will be granted. Please be honest and thorough when responding to all applicable items below.

Your Information (please print carefully):

Last Name

First Name

Gender

Phone

Email Address

Roommate Preference Information:

Roommate requests must be mutual; in order to potentially be housed together, your requested roommate must also request you. Roommate requests take priority over hall preferences; if we are able to honor your roommate request, it is not likely we can also honor your hall preferences. For yes/no questions, please circle your response.

1. Do you have a specific roommate request?

yes

no

If so, please write his/her name here: _____

2. If available, would you prefer an American roommate?

yes

no

SUNY Oswego is a smoke-free campus. However, residual smoke on clothing and other personal belongings can be problematic for roommates. Your honest answers to the following questions are critical for roommate matching.

3. Do you smoke?

yes

no

4. Are you willing to live with a smoker?

yes

no

Hall Preferences:

Please rank order the following three residence halls in order of your preference. Write "1" in the box next to your first choice, a "2" in the box next to your 2nd choice, etc.

☐

Hart Hall Global Living & Learning Center*

☐

Funnelle Hall

☐

Moreland Hall

* Hart Hall residents must enroll in and successfully complete the one-credit IST 190/390 course and perform 10 hours of community service each semester.

Signature:

"My signature below indicates that: I have read and understand the information on this form; specifically, I understand that, although Residence Life and Housing will make every effort, there is no guarantee that these preferences will be honored."

signature

date