

Office of Study Abroad and Exchanges
University at Albany, SUNY, LI 66, 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) _____

for the fall spring summer academic year wintersession other _____

YES! I would be pleased to 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 explained in the *General Information Handbook* 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 and phone number with other participants on this program unless I have checked the box below.

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

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

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

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 my *original* date of acceptance, my place may be offered to another student.

I would like to join your program, but I have some concerns about its cost or other features. Please send me additional information about _____

No, but thank you for considering me. I will not be able to join the program because:

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_form7460I) 1/17/07 For office use only:
Adviser's initials _____ Date _____ DB updated _____ Admitted on PS on _____ by _____

***** Complete the other side too!! *****