



The Institute for International Business
State University of New York at New Paltz

STUDENT APPLICATION

DEADLINES

• June 1 for Fall semester • October 1 for Spring semester

PERSONAL DETAILS

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

****PLEASE LIST YOUR NAME AS IT APPEARS ON YOUR PASSPORT****

Permanent Address: _____ Current Address (if different): _____

City: _____ City: _____

Postal Code: _____ Postal Code: _____

Country: _____ Country: _____

Telephone: _____ Telephone: _____

E-mail: _____ Sex: M F

City of Birth: _____ Country of Birth: _____ Date of Birth: ____ _

Country of Citizenship: _____ Country of Legal Permanent Residence: _____

Position in home country: Student Employee

(If Student) Name of home university: _____ Academic department: _____

(If Employee) Name of employer: _____ Organization type: _____

Languages of Fluency: _____

Score and date of last TOEFL or equivalent: _____

(All applicants are required to take an institutional TOEFL test as a condition of enrollment unless the above score was produced within the last six months. There will be no charge for taking the exam).

Which program date are you applying for? Spring Fall Year _____

Source of financial sponsorship:

Family / Self

Employer

University

Government

International Agency

Other (Explain) _____

Financial Certification: Please provide financial documentation verifying your ability to cover your expenses for the full semester, estimated at \$10,000. Documentation may include a letter from your financial sponsor, personal statement of account, or scholarship letter.

Your Signature _____ Date ____ _

EDUCATION

School Name: _____

Degree Earned: _____

Area of Specialty: _____

Dates Attended: _____

School Name: _____

Degree Earned: _____

Area of Specialty: _____

Dates Attended: _____

Have you ever been to the United States before? Yes No

When? _____ Where? _____

EMPLOYMENT HISTORY

Employer: _____

Position Held: _____

Responsibilities: _____

Dates of Employment: _____

Employer: _____

Position Held: _____

Responsibilities: _____

Dates of Employment: _____

ADDITIONAL INFORMATION

Where did you hear about our program?

- Previous Participant (name of previous participant) _____
- Internet (name of Web site) _____
- Employer (name of employer) _____
- Publication (name of publication) _____
- Overseas Educational Fair (location) _____
- Other _____

International Representative Contact Information:

FOR SUBMISSION WITH APPLICATION

- I. On a separate sheet of paper, please briefly describe why you would like to participate in this program, and outline how it can benefit you in achieving your future career goals.
- II. Provide at least two written recommendations (in English) from persons able to assess your suitability for this program.

I understand that, if I am accepted into the IIB program, I will be housed in student residence halls with students ages 17 to 25. I will be subject to the same rules and regulations as all students and will abide by them.

Signature

Print Name

Date

The State University of New York at New Paltz supports Affirmative Action and Equal Opportunity and does not discriminate on the basis of race, sex, age, color, national origin, handicap, ex-offender, or marital status.

PLEASE RETURN THIS APPLICATION TO:

IMLS- 29 rue Maguelone
34000- Montpellier FRANCE
Tel : 33(0)4 67 58 46 88

Email : imls.montpellier@wanadoo.fr
<http://www.imls.fr>