

Freshman Launch Year Application Instructions



Use the Apply Now Link in Your FLY Location Page





Confirm Program, Then Click Apply Now and OK



Select Log in with Campus ID

| User Login Log in to get started. Log in with Campus ID |
|---|
| New User? Create Account |



Use Your Net ID to Login

| Ne | tID Single Sign On |
|-------------------------------|---|
| Login to Terral Abroad | Ootta SP for Stony Brook University Study |
| Stony Brook Ur Terra Dotta | iversity - Study Abroad Software by |
| Please enter yo | our NetID and NetID Password |
| Username | |
| Password | |
| Don't Remer | mber Login |
| Protected by | Duo Security Two-Step Login |
| Login | |
| Forgot Your Ne | tID or NetID Password? |
| | ou agree to abide by the Stony Brook olicies and Terms of Service. |

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Select Term and Continue

| | m Options | |
|-------------------------|-----------|---|
| Select Term * Cancel | Continue | |
| | | J |
| | | |
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Enter Required Personal Information

| Applicant - | | ٥ |
|-------------------------|--|---|
| Applications | s : Required Applicant Information | |
| Please use the form pro | ovided below to fill in the required information. | × |
| | | |
| General Informat | tion | |
| | Phone Number * | - |
| | City of Birth * | |
| | Country of Birth * | • |
| | Are you a US citizen? * 💿 Yes 💿 No | |
| | Country of Citizenship * | • |
| co | ountry of Permanent Residence * | • |
| Additional Information | | |
| If you are not a US C | Chitzen please indicate current or Choose One: * | |
| | Stony Brook ID # | |
| | ntify yourself as a member of an Black/African American Hispanic/Latino Native American/Alaskan | • |
| | * Required | |

Submit All Application Questionnaires

Program Application Page ()

This page shows current and required elements of your application in the pre-decision phase. Unless otherwise indicated, you should assume that all elements of the right-hand column (material submissions, signature documents, recommendations and questionnaires) are required for your application to be considered complete.

| | | - Submit A | pplication - | |
|------------------------|-------------------------------------|----------------|---|-----------------------|
| | | | Signature Documents | |
| Program: | FLY - | | View and digitally sign to indicate your agreement and understa | inding. |
| Term/Year: | | | Title | Receiv |
| Initial Application De | adline: | | Disability Support Request | |
| Dates: | | | Study Abroad Course Evaluation Acknowledgment | |
| | | | Study Abroad Financial Acknowledgement | |
| Learning Conte | ent | | Study Abroad Terms and Conditions | |
| View, read, and mark t | these learning content pages as hav | ing been read. | | |
| Title | | Received | Questionnaire(s) | |
| Partner University App | blication Process | | View and complete the following questionnaire(s). You may beg | in and save, but note |



View and complete the following questionnaire(s). You may begin and save, but note that you must Submit in order for the questionnaire to be received.

ived

| Title | Received |
|--------------------------------|----------|
| Application Fee Waiver Request | |
| Educational History - Outgoing | |
| Emergency Contact | |
| FLY - Conduct Form | |
| Passport Information | |
| Program Selection | |
| Residency - Outgoing | 0 |



Complete & Submit Education History - Outgoing

Educational History - Outgoing:

Instructions:

Good academic standing is required in order to participate. IAP and/or SBU Partner Universities reserve the right to revoke program nomination/acceptance should a participant's cumulative GPA change so that it drops below the eligibility requirement for the program. Should a student receive an "Incomplete" grade (I grade) prior to their program start date. IAP and/or SBU Partner Universities reserve the right to revoke program nomination/acceptance.

(*) Indicates the question is required.

| | c data only: 0-9 and decimal point) r |
|---|--|
| | r |
| | |
| | |
| | ad Transcript (*) |
| vellow folder below. This is considered | w have ordered and received your official transcript, you may open the envelope to scan the transcript a |
| yellow lolder below. This is considered | copy. Keep your original transcript as it may be requested again upon nomination/acceptance. |
| | + Size + Format + 🧠 🍋 😋 🗐 🗭 Source Ω 🙋 🗃 |
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Leave These Fields Blank and Submit Form

| . From Date . From Date . To Date . To Date . To Date . To Date . Crade Point Average (cumulative) from Previous Institution . Grade Point Average (cumulative) from Previous Institution . Grade Point Average (cumulative) from Previous Institution . Previous Institution Degree Earned | | | |
|---|--------------|--|--|
| . To Date . To Date . Crade Point Average (cumulative) from Previous Institution . Grade Point Average (cumulative) from Previous Institution . Previous Institution Degree Earned | ~ | | |
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Complete & Submit Emergency Contact

| nstructions: | |
|--|---|
| n case of an emergency, it is strongly recommended th | nat the individual listed has and/or obtains a valid passport prior to your departure. |
| (*) Indicates the question is required. | |
| 1. Emergency Contact Name (*) | |
| | |
| 4000 characters left | |
| | |
| 2. Emergency Contact Relationship (*) | |
| | |
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| (pp) characters loft | le l |
| | li di seconda di second |
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| | |
| 3. Emergency Contact Address(*) | |
| 3. Emergency Contact Address(*) | |
| 3. Emergency Contact Address (*) 4000 characters left | |
| 3. Emergency Contact Address (*) 4000 characters left 4. Emergency Contact Phone (*) | |
| 3. Emergency Contact Address (*) 4000 characters left 4. Emergency Contact Phone (*) | |
| Characters left S. Emergency Contact Address (*) Characters left Characters left Emergency Contact Phone (*) (please specify whether home, cell or work) | |
| 3. Emergency Contact Address (*) 4000 characters left 4. Emergency Contact Phone (*) (please specify whether home, cell or work) | |
| 3. Emergency Contact Address (*) 4000 characters left 4. Emergency Contact Phone (*) | |



Upload & Submit FLY - Conduct Form

A WARNING: Please remember to save your responses frequently, as your session will time out after 59 minutes.

FLY - Conduct Form:

Instructions:

Please read, complete and sign the attached conduct disclosure form. Thank you!

(*) Indicates the question is required.

1. Student Conduct Form Upload (*)

Please upload a scanned copy of your completed, signed Student Conduct Form.

| Drop file here | |
|----------------|--|
| | |
| | |
| | |



Complete & Submit Student Passport Information

| 🗧 🔶 C 📾 🗘 C Å https://studyabroad.storybrookedu/index.cfm?FuseAction=Students.ApplicationForm&Questionnaire_ID=484Application_ID=26478 | |
|---|--------------------|
| -D Import bookmarks. 9 Getting Started 🗅 S8U | |
| Applcant • | Michelle Schenke 🔅 |
| WARNING Please remember to save your responses frequently, as your session will time out after 59 minutes. | |
| Student Passport Information: | |
| (') indicates the question is required. | |
| 1. Passport date of expiration (') | |
| 2. Passport Upload (') | |
| Please upload a scanned copy of the photo page of your passport by clicking on the yellow folder icon below. | |
| Font + Stze + Format + 🧠 📴 🙆 🙆 🙆 Source Ω 🐹 📮 | |
| B / U & X x > C = 5 = 1 = :: : : : : : : : : : : : : : : : | |
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| A | |
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| | |
| You may enter information on this form and use the Save button to keep your information until you are ready to submit it. Please note that your application questionnaire is not considered complete and cannot be reviewed until you click the Submit button to finalize your responses. | |
| Save Submit Cancel | |
| * Stony Brook University | |

Complete & Submit Program Selection

| Instructions: | |
|--|--|
| | your email address will be shared with fellow participants. If you have any questions regarding this, please contact your IAP Coordinator. |
| opon acceptance to a program, j | you email aduress will be shared with leflow participants. If you have any questions regarding this, please contact your IAP coordinator. |
| (*) Indicates the question is r | equired. |
| 1. How did you learn about this | s program? (*) |
| 1. Academic Advisor | * |
| 2. Classroom Presentation | |
| Email Communication Orientation | |
| C Defense | |
| 2. If you selected "Other" in the | e question above, please explain. |
| | |
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| | |
| | |
| | |
| unn characters left | |
| 4000 characters left | |
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| | |
| B. Program Choice 2 (*) | I to submit one application per term (Academic Year, Fall, Spring, Winter, Summer Session I and Summer Session II). In the event that your |
| 3. Program Choice 2 (*) WARNING: You are only allowed | I to submit one application per term (Academic Year, Fall, Spring, Winter, Summer Session I and Summer Session II). In the event that your f icate alternative program choice. If you do not have a second choice please write N/A. |
| 3. Program Choice 2 (*) WARNING: You are only allowed | |
| 3. Program Choice 2 (*) WARNING: You are only allowed | |
| 3. Program Choice 2 (*) WARNING: You are only allowed | |
| 3. Program Choice 2 (*) WARNING: You are only allowed choice is unavailable, please indi | |
| 3. Program Choice 2 (*) WARNING: You are only allowed choice is unavailable, please indi 4. Program Choice 3 | icate alternative program choice. If you do not have a second choice please write N/A. |
| 3. Program Choice 2 (*) WARNING: You are only allowed choice is unavailable, please indi 4. Program Choice 3 | |
| 3. Program Choice 2 (*) WARNING: You are only allowed choice is unavailable, please indi 4. Program Choice 3 | icate alternative program choice. If you do not have a second choice please write N/A. |
| 3. Program Choice 2 (*) WARNING: You are only allowed choice is unavailable, please indi 4. Program Choice 3 | icate alternative program choice. If you do not have a second choice please write N/A. |
| 3. Program Choice 2 (*) WARNING: You are only allowed choice is unavailable, please indi 4. Program Choice 3 In the event that your first choice | icate alternative program choice. If you do not have a second choice please write N/A. |
| 3. Program Choice 2 (*) WARNING: You are only allowed choice is unavailable, please indi 4. Program Choice 3 In the event that your first choice | icate alternative program choice. If you do not have a second choice please write N/A. |
| A. Program Choice 2 (*) WARNING: You are only allowed choice is unavailable, please indi | icate alternative program choice. If you do not have a second choice please write N/A. |
| A. Program Choice 2 (*) WARNING: You are only allowed choice is unavailable, please indi A. Program Choice 3 In the event that your first choice S. Statement of Purpose (*) Please indicate your interest in th | icate alternative program choice. If you do not have a second choice please write N/A. |
| A. Program Choice 2 (*) WARNING: You are only allowed choice is unavailable, please indi | icate alternative program choice. If you do not have a second choice please write N/A. |
| 3. Program Choice 2 (*) WARNING: You are only allowed choice is unavailable, please indi 4. Program Choice 3 In the event that your first choice 5. Statement of Purpose (*) Please indicate your interest in th words. | icate alternative program choice. If you do not have a second choice please write N/A. |
| A. Program Choice 2 (*) WARNING: You are only allowed choice is unavailable, please indi A. Program Choice 3 In the event that your first choice S. Statement of Purpose (*) Please indicate your interest in th | icate alternative program choice. If you do not have a second choice please write N/A. |
| 3. Program Choice 2 (*) WARNING' You are only allowed choice is unavailable, please indi 4. Program Choice 3 In the event that your first choice 5. Statement of Purpose (*) Please indicate your interest in th words. | icate alternative program choice. If you do not have a second choice please write N/A. |

Type or upload Statement of Purpose

Complete & Submit Residency - Outgoing

| Residency - Outgoing | | |
|---------------------------------|--------------------|--|
| Applicant Name: | | |
| Program: | | |
| Term of Study: | | |
| Are you a resident of New York? | | |
| | | |
| | | |
| | 19 <u>20 - 8</u> 1 | |
| | Next | |



Read & Digitally Sign All Signature Documents

Program Application Page ()

This page shows current and required elements of your application in the pre-decision phase. Unless otherwise indicated, you shoul column (material submissions, signature documents, recommendations and questionnaires) are required for your application to the second se

all elements of the right-hand

- Submit Application -

| Program: | FLY - |
|-------------------------------|-------|
| Term/Year: | |
| Initial Application Deadline: | |
| Dates: | |

Learning Content

View, read, and mark these learning content pages as having been read.

| Title | Received |
|--|----------|
| Partner University Application Process | |

| Signature Documents | | |
|---|----------|--|
| View and digitally sign to indicate your agreement and understanding. | | |
| Title | Received | |
| Disability Support Request | | |
| Study Abroad Course Evaluation Acknowledgment | | |
| Study Abroad Financial Acknowledgement | | |
| Study Abroad Terms and Conditions | | |

Questionnaire(s)

View and complete the following questionnaire(s). You may begin and save, but note that you must Submit in order for the questionnaire to be received.

| Title | Received |
|--------------------------------|----------|
| Application Fee Waiver Request | |
| Educational History - Outgoing | |
| Emergency Contact | |
| FLY - Conduct Form | |
| Passport Information | |
| Program Selection | |
| Residency - Outgoing | |



Read & Mark All Learning Content

Program Application Page ()

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Received



Learning Content

Title

View, read, and mark these learning content pages as having been read.

Partner University Application Process

| View and digitally sign to indicate your agreement and understanding. | | |
|---|----------|--|
| Title | Received | |
| Disability Support Request | | |
| Study Abroad Course Evaluation Acknowledgment | | |
| Study Abroad Financial Acknowledgement | | |
| Study Abroad Terms and Conditions | | |

Questionnaire(s)

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| Title | Received |
|--------------------------------|----------|
| Application Fee Waiver Request | |
| Educational History - Outgoing | |
| Emergency Contact | |
| FLY - Conduct Form | |
| Passport Information | |
| Program Selection | |
| Residency - Outgoing | |



Submit Application

Program Application Page ()

This page shows current and required elements of your application in the pre-decision phase. Unless otherwise indicated, you should assume that all elements of the right-hand column (material submissions, signature documents, recommendations and questionnaires) are required for your application to be considered complete.

| | | - Submit Application - |
|-----------------------|----------|------------------------|
| | | Signature Doc |
| Program: | FLY - | View and digitally sig |
| Term/Year: | | Title |
| Initial Application D | eadline: | Disability Support Re |
| Dates: | | Study Abroad Course |
| | | Study Abroad Finance |
| Learning Cont | ent | Study Abroad Terms |

| Learning Content | |
|---|-----------------|
| View, read, and mark these learning content pages as have | ving been read. |
| Title | Received |
| Partner University Application Process | |

| Signature Documents | | |
|---|----------|--|
| View and digitally sign to indicate your agreement and understanding. | | |
| Title | Received | |
| Disability Support Request | | |
| Study Abroad Course Evaluation Acknowledgment | | |
| Study Abroad Financial Acknowledgement | | |
| Study Abroad Terms and Conditions | | |

| View and complete the following questionnaire(s). You may begin and save, but note that you must Submit in order for the questionnaire to be received. | | |
|--|----------|--|
| Title | Received | |
| Application Fee Waiver Request | | |
| Educational History - Outgoing | | |
| Emergency Contact | | |
| FLY - Conduct Form | | |
| Passport Information | | |
| Program Selection | | |
| Residency - Outgoing | | |

