

Relocation to Stony Brook Request Form (MS)

Department of Computer Science

Name		Stu	dent ID			
Date of Request						
Enrollment Term		St	anding	□G1	□G2	
Nationality		G	ender	□M	□F	
Mailing Address						
Starting Term	Spring (Year)	Intended		One Semester		
Intended To	🗆 Fall (Year)	Duration of		Two Semesters		
Relocate		Study		Other		
				()
Courses Completed	Transcript Attached					
Cumulative GPA	/4.0					
Financial Support	Source of Support F			Percent (total of 100%)		
	External scholarships					
	· · · · · · · · · · · · · · · · · · ·)				%
	Self-funded					%
	□ Others					
)				%
Names of	Ref 1:	/				
References	Ref 2:					
Personal Statement	🗆 Attached					
Detailed CV	🗆 Attached					

Name of Student	Date		Signature
	Approval Li		
SUNY Korea Graduate Program Direct	or	□ Approved	□ Disapproved
Name	Date	·	Signature
Stony Brook University Graduate Prog	gram Director	□ Approved	□ Disapproved
Name	Date		Signature
			* Stony Brook University