

Office of International Education Study Abroad Programs

### **APPLICATION CHECKLIST**

## Asian Business & The Global Economy Hong Kong Winter 2014

Please return the following documents to the UB Study Abroad office prior to the application deadline of **Tuesday, October 15<sup>th</sup>**:

- UB application form
- Study Statement, signed by your academic advisor
- 1 Academic Recommendation
- Official home campus transcript (and previous institution(s) if you are a transfer student)
- Copy of your passport

# B University at Buffalo The State University of New York

Application for UB Study Abroad Programs

Please type or print in ink.

Application	on Information
Name:	
	irst Middle
UB Study Abroad Program:	
Program/University 0	City Country
Please list any other programs you are applying for:	
Program/University City	Country Administering SUNY Campus
Program/University City	Country Administering SUNY Campus
Term of Study for which you are applying: (check the box and	include the year next to the appropriate term, e.g. Fall 2012)
□ Fall □ Spring □ Year □ Summe	er 🗆 Intersession 🗆 Other:
How did you learn about this program?	
· · · ·	
Persona	I Information
Date of Birth: / / Place of Birth:	Gender: 🗆 Male 🗆 Female
	Country State Country
Passport #: Passport Expiration	on Date: Married?
or date of passport application	Month & Year
Country of Citizenship:	Visa Status (if not US citizen):
Home Campus:	Campus Student ID #:
Local Mailing Address:	Permanent/Home Address: (if different)
Street Address Apt #	Street Address Apt #
City State Zip Code	City/State Country (if not US) Zip/Postal Code
Current Telephone: ()	Permanent/Home Telephone: ()
Campus Email Address (use block letters)	Alternate Email Address (use block letters)
My local address can be used until: / / /	
Mo Day Year	and a very contract information
Please notify us of any cha	anges in your contact information.
Academi	c Information
-	or Senior Master PhD Other:
Major(s):	Minor(s):
Academic Advisor:	Expected date of graduation:

Cumulative\_\_\_\_\_

GPA: Major\_\_\_\_\_

Degree Credits: Completed \_\_\_\_\_ Currently Enrolled \_\_\_\_\_

Signature

Your Name

UB Study Abroad Program

Term of Study

#### Academic Background

Please list below any other colleges or universities you have attended.

Name of Institution	Dates of Attendance	Credits	Degrees/Certificates Received

Please list below any courses you have taken (including language) that have prepared you for this program.

Course Title	High School or College?	Credits	Grade Received

#### **Contact Information**

#### Person to contact in case of emergency:

	elationship to you
( <u>)</u>	ot Number
( ) ( ) Home Phone Cell Phone	p/Postal Code
Home Phone Cell Phone	

#### Parent or Guardian (if under 21):

Name			Relations	hip to you
Street Address			Apt Numb	ber
City/State Count	try (if not US)		Zip/Posta	l Code
()		(	)	
Home Phone		Cell Pho	one	
Email Address: (use block	letters)			

Email Address: (use block letters)

#### **Financial Information**

To assist you with financial planning for study abroad, please indicate the estimated amounts you expect to have available from the following sources:

Financial Aid: \$ Grants/	Scholarships: \$ Loar	ns: \$ Family As	ssistance: \$ \$	Savings: \$
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Other Sources (please describe):\_\_\_\_\_

#### **Student Declaration**

I certify that all information on this application form is true to the best of my knowledge.

Student's Signature

#### Home Campus Study Abroad Signature (for students from other SUNY campuses)

I am aware that this student is applying to the University at Buffalo study abroad program(s) listed on page 1.

Name of Campus Study Abroad Contact

Title Date

Office

SUNY Campus

Page 2 of 2

Date

# **B** University at Buffalo The State University of New York

Study Statement for UB Study Abroad Programs

Study Statement				
Student Information	า			
Name:			Campus Student ID #:	
Last	First	MI		
UB Study Abroad Prog	ram:			
Program/Universit	у	City/Country	Term of Study	
I confirm that the inform		ment is true to the best o	Term of Study of my knowledge and that I have discussed my	

#### Study Statement

Please write a Study Statement in essay format. It should be typed on separate pages and attached to this form. The maximum length is two typed pages.

Your Study Statement should include:

- Your academic reasons for selecting this program.
- How this study abroad program fits with your academic program and your overall academic goals. You may also include how this program will benefit your personal and professional development.
- Any prior experience with studying, traveling, or living in another country.
- Any additional information that may be helpful in evaluating your candidacy for study abroad.

When complete, review the Study Statement with your academic advisor and ask him/her to complete the Academic Advisor Approval section of this form. Then submit this form and your typed statement to the UB Study Abroad office with the rest of your application.

#### **Academic Advisor Approval**

<u>To the Academic Advisor:</u> Please discuss this proposed study abroad program with your advisee and how it will complement his or her academic program. If you approve of this study abroad application, please indicate your approval with your signature below. We recommend keeping a copy of this signed form for the student's file.

I confirm that I have discussed this proposed study abroad program with this student and approve of his/her application for study abroad.

Name of Academic Advisor	Title	Department
Signature	Date	Institution (if not UB)

Study Abroad Programs, University at Buffalo, 210 Talbert Hall, Buffalo, NY 14260 Tel: 716 645 3912 • Fax: 716 645 6197 • studyabroad@buffalo.edu • www.buffalo.edu/studyabroad **3** University at Buffalo The State University of New York

Academic Recommendation for UB Study Abroad Programs

Academic Recommendation					
Student Name:				Campus Student ID #:	
	Last	First	MI	·	
UB Study Abro	ad Program:				
-	-	Program/University		City/Country	Term of Study
I waive my righ	t to access thi	is reference completed by			🗌 🗆 Yes 🗆 No
				Name of Reference	
Studer	nt Signature:			Date:	

#### To the Student:

Please give this to a home campus faculty member who has taught you and is able to comment on your academic qualifications for study abroad. You should ask for the recommendation to be returned to you in a sealed envelope with the reference's signature across the seal. Submit it to the UB Study Abroad office with the rest of your application.

#### To the Reference:

Please provide your assessment of this student's candidacy for study abroad to the best of your knowledge. You may complete the assessment questions below and/or attach a separate letter. Please return the recommendation to the student in a sealed envelope with your signature across the seal.

How long and in what capacity have you known the student? \_\_\_\_

Academic attributes	Excellent	Very Good	Good	Fair	Poor	No Evaluation
Competence in field of study						
Academic interest and motivation						
Capacity for independent study						
Resourcefulness						
Reliability						
Academic integrity						

Non-academic attributes	Excellent	Very Good	Good	Fair	Poor	No Evaluation
Level of maturity						
Ability to adapt to new situations						
Self-confidence and self-esteem						
Ability to relate well to others						
Emotional stability						
Open-mindedness						
Personal integrity						

Please state your opinion of this candidate's ability to participate and succeed in the proposed study abroad program, weighing both strong and weak points.

Name of Reference	Title	Department
Signature	Date	Institution (if not UB)

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