APPLICATION CHECKLIST

Shanghai Theatre Academy

Please return the following documents to the UB Study Abroad office prior to the application deadline of April 1 for the fall semester:

- UB application form
- Study Statement
- Foreign Language Proficiency form (if you have studied college-level Chinese)
- 2 Academic Recommendations
- Official transcript (and previous institution(s) if you are a transfer student)
- Shanghai Theatre Academy Application Form
- One passport-size photo
- Copy of your passport
Please type or print in ink.

Application Information

Name: ____________________________

Last       First       Middle

UB Study Abroad Program:

________________________________________________________________________

Program/University       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 09)

☐ Fall       ☐ Spring       ☐ Year       ☐ Summer       ☐ Intersession       ☐ Other: ____________________________

How did you learn about this program? __________________________________________

Personal Information

Date of Birth:__/__/____

Place of Birth: ____________________________

City / State       Country

Gender: ☐ Male       ☐ Female

Passport #: ____________________________

Passport Expiration Date:__/__/____

Month & Year

Country of Citizenship: ____________________________

Visa Status (if not US citizen): ____________________________

Married? ☐ No       ☐ Yes

Home Campus: ____________________________

Campus Student ID #: ____________________________

Local Mailing Address:

Street Address

Apt #

City       State       Zip Code

Current Telephone: (____)

Campus Email Address (use block letters)

Alternate Email Address (use block letters)

My local address can be used until:__/__/____

Mo       Day       Year

Please notify us of any changes in your contact information.

Academic Information

Current Standing: ☐ Freshman       ☐ Sophomore       ☐ Junior       ☐ Senior       ☐ Master       ☐ PhD       ☐ Other: ____________________________

Major(s): ____________________________

Minor(s): ____________________________

Academic Advisor: ____________________________

Expected date of graduation: ____________________________

GPA: Major       Cumulative

Degree Credits: Completed____       Currently Enrolled____
Academic Background

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

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Dates of Attendance</th>
<th>Credits</th>
<th>Degrees/Certificates Received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Course Title</th>
<th>High School or College?</th>
<th>Credits</th>
<th>Grade Received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Contact Information

Person to contact in case of emergency:

Name: ____________________________  Relationship to you: ____________________________
Street Address: ____________________________  Apt Number: ____________________________
City/State: ____________________________  Country (if not US): ____________________________
Zip/Postal Code: ____________________________
Home Phone: ____________________________  Cell Phone: ____________________________
Email Address: (use block letters)

Parent or Guardian (if under 21):

Name: ____________________________  Relationship to you: ____________________________
Street Address: ____________________________  Apt Number: ____________________________
City/State: ____________________________  Country (if not US): ____________________________
Zip/Postal Code: ____________________________
Home Phone: ____________________________  Cell Phone: ____________________________
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:

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: ____________________________  Date: ____________________________

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: ____________________________
Office: ____________________________
Signature: ____________________________  Date: ____________________________  SUNY Campus: ____________________________
Study Statement for UB Study Abroad Programs

Student Information

Name: ___________________________ Campus Student ID #: ___________________________
Last    First    MI

UB Study Abroad Program:

Program/University     City/Country    Term of Study

I confirm that the information in my Study Statement is true to the best of my knowledge and that I have discussed my proposed study abroad program with my academic advisor.

Student Signature: ___________________________ Date: ___________________________

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

To the Academic Advisor: 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)
To the Student:
Complete the section below and ask your current language professor/instructor (or the person who has most recently taught you) to complete the rest. The form should be returned to you in a sealed envelope with the professor’s signature across the seal. Submit it to the UB Study Abroad office with the rest of your application.

Student Name: ___________________________ Language of Study: ___________________________

Last   First          MI

UB Study Abroad Program: ____________________________________________
Program/University: ___________________________ City/Country: ___________________________ Term of Study: ___________________________

1. I will have completed the required foreign language coursework prior to the start of the program through:
   _______Coursework   OR   _______Equivalent preparation (please explain):

2. During my study abroad program, I will take (select all that apply)
   _______language courses at the level of: beginner intermediate advanced
   _______courses in the host country language designed for international students
   _______regular university courses taught in the host country language

3. Estimate your proficiency in the language required for this program:

<table>
<thead>
<tr>
<th>Language Skills</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listening Comprehension</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Writing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I waive my right to access this reference completed by ___________________________ ___________________________ 
□ Yes  □ No

Name of Reference  ___________________________ Date: ___________________________

To the Reference:
Please provide your assessment of this student’s language abilities. You may complete the assessment questions below and/or attach a separate letter. Please return the completed form to the student in a sealed envelope with your signature across the seal.

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

<table>
<thead>
<tr>
<th>Language Skills</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>No Ability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understanding lectures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Composition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conversation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please refer to Question 3 in the student section above and rate the student’s readiness for such coursework.
The applicant: _______ should have no difficulty on this program.
   _______ should be able to manage adequately after a short period of adjustment abroad.
   _______ should be able to manage adequately after some additional formal language study.
   _______ appears to require considerable study before the necessary competence could be achieved.

Please add any comments to assist with the evaluation of this student’s candidacy for study abroad.

Evaluator’s Name  ___________________________ Title  ___________________________ Department  ___________________________
Signature  ___________________________ Date  ___________________________ Institution (if not UB)  ___________________________

UB 3
Academic Recommendation

Student Name: ___________________________ Campus Student ID #: ________________________

Last   First          MI

UB Study Abroad Program: ____________________________________________

Program/University          City/Country          Term of Study

I waive my right to access this reference completed by ____________________________ □ Yes □ No

Name of Reference

Student 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

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>No Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competence in field of study</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic interest and motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capacity for independent study</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resourcefulness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reliability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic integrity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Non-academic attributes

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>No Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to adapt to new situations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-confidence and self-esteem</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to relate well to others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional stability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open-mindedness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal integrity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)

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
Academic Recommendation

Student Name: ___________________________ Campus Student ID #: ______________________

Last          First          MI

UB Study Abroad Program: ___________________________ Program/University ___________________________
City/Country ___________________________ Term of Study ___________________________

I waive my right to access this reference completed by ___________________________ □ Yes □ No

Name of Reference ___________________________ Student 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? ___________________________

<table>
<thead>
<tr>
<th>Academic attributes</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>No Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competence in field of study</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic interest and motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capacity for independent study</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resourcefulness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reliability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic integrity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-academic attributes</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>No Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to adapt to new situations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-confidence and self-esteem</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to relate well to others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional stability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open-mindedness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal integrity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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) ___________________________

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
<table>
<thead>
<tr>
<th>姓名</th>
<th>Family Name</th>
<th>Given Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>中文名</td>
<td>Chinese Name</td>
<td>性别</td>
</tr>
<tr>
<td>出生日期及地点</td>
<td>Date and Place of Birth</td>
<td></td>
</tr>
<tr>
<td>国籍</td>
<td>National</td>
<td></td>
</tr>
<tr>
<td>护照号码</td>
<td>Passport No.</td>
<td></td>
</tr>
<tr>
<td>婚姻状况</td>
<td>Marital Status</td>
<td></td>
</tr>
<tr>
<td>职业或身份</td>
<td>Occupation of Status</td>
<td></td>
</tr>
<tr>
<td>工作或学习单位</td>
<td>Employer or school affiliation</td>
<td></td>
</tr>
<tr>
<td>University at Buffalo (SUNY)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>永久通讯地址及电话号码</td>
<td>Permanent Home Address and Telephone No.</td>
<td></td>
</tr>
<tr>
<td>本人学历</td>
<td>Educational Background</td>
<td></td>
</tr>
<tr>
<td>校名</td>
<td>Name of School</td>
<td></td>
</tr>
<tr>
<td>在校时间</td>
<td>Date of attendance from / to</td>
<td></td>
</tr>
<tr>
<td>所获证书、学位</td>
<td>Diploma or Degree Obtained</td>
<td></td>
</tr>
<tr>
<td>主修专业</td>
<td>Specific area of Study</td>
<td></td>
</tr>
<tr>
<td>在何处学过多长时间汉语或有关专业</td>
<td>Where &amp; how long have you studied Chinese or other related specialties?</td>
<td></td>
</tr>
</tbody>
</table>
来上海戏剧学院学习的专业及学习计划
Specific area of study and your plan (if any) during your stay in the Shanghai Theatre Academy

<table>
<thead>
<tr>
<th>学生类别</th>
<th>Categories of students</th>
</tr>
</thead>
<tbody>
<tr>
<td>本科生</td>
<td>Undergraduate</td>
</tr>
<tr>
<td>普通进修生</td>
<td>General advanced student</td>
</tr>
<tr>
<td>高级进修生</td>
<td>Senior advanced student</td>
</tr>
<tr>
<td>汉语生</td>
<td>Language student</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>母语</th>
<th>Native language</th>
<th>会何种其它语言</th>
<th>Proficiency in other languages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

留学期限
Duration of study at STA from

推荐人或单位
Recommended by University at Buffalo

经费来源
Financial Assistance

在华事务担保人的姓名、地址、电话号码
Guarantor's name, address, telephone number can be reached in China in case of emergency

(1)上述各项中所提供的情况是真实无误的:
All the information given in this form is true and correct.

(2)在中国学习期间将遵守中国政府的法律和学校的规章制度:
I shall abide by the laws of the government of P, R, China and the regulations of the Academy.

申请人签字: 日期:
Applicant's Signature: Date: