APPLICATION CHECKLIST

South Africa & Rwanda: Political History & Contemporary Culture
Summer

Please return the following documents to the UB Study Abroad office prior to the application deadline of March 15:

- UB application form
- Study Statement, signed by your academic advisor
- 2 Academic Recommendations
- Official university transcript (and previous institution(s) if you are a transfer student)
- Copy of your passport
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: ______ / ______

 Married? □ No  □ Yes

or date of passport application

Country of Citizenship: ___________________________

Visa Status (if not US citizen): ___________________________

Home Campus: ___________________________

Campus Student ID #: ___________________________

Local Mailing Address:

Street Address: ___________________________ Apt # ___________________________

City: ___________________________ State: ___________________________ Zip Code: ___________________________

Current Telephone: (____) ________________

Campus Email Address (use block letters) ___________________________

My local address can be used until: ______ / ______ / ______

Please notify us of any changes in your contact information.

Permanent/Home Address: (if different)

Street Address: ___________________________ Apt # ___________________________

City: ___________________________ State: ___________________________ Zip Code: ___________________________

Permanent/Home Telephone: (____) ________________

Alternate Email Address (use block letters) ___________________________

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____

UB 1
## 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>
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Please list below any courses you have taken (including language) that have prepared you for this program.

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<thead>
<tr>
<th>Course Title</th>
<th>High School or College?</th>
<th>Credits</th>
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## 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:

- Financial Aid: $ _______
- Grants/Scholarships: $ _______
- Loans: $ _______
- Family Assistance: $ _______
- Savings: $ _______

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

Student Information

Name: ____________________________ Campus Student ID #: ____________________________

Last    First    M I

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)

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

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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.

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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?

---

Name of Reference
Title
Department

Signature
Date
Institution (if not UB)

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I waive my right to access this reference completed by ____________________________

**Name of Reference**

**Student Signature:**

**Date:**

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