APPLICATION CHECKLIST

Visual Studies Workshop in Beijing
Spring Break 2011

Please return the following documents to the UB Study Abroad office prior to the application deadline of February 1:

- UB application form
- Study Statement, signed by your academic advisor
- Official UB transcript (and previous institution(s) if you are a transfer student)
  UB transcripts can be obtained at the Student Response Center in 232 Capen
- Copy of your passport
Application Information

Name: ____________________________

UB Study Abroad Program:

Program/University  City  Country

Please list any other programs you are applying for:

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: ____________________________

Gender: □ Male  □ Female

Passport #: ____________________________

Passport Expiration Date: ______ / ______

Married? □ No  □ Yes

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: ______ / ______ / ______

Permanent/Home Address: (if different)

Street Address  Apt #

City/State  Country (if not US)  Zip/Postal Code

Permanent/Home Telephone: ( )

Alternate Email Address (use block letters)

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>
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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>
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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: (______) _______

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

## Student Information

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<thead>
<tr>
<th>Name:</th>
<th>Campus Student ID #:</th>
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<td>Last First MI</td>
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UB Study Abroad Program:

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<tr>
<th>Program/University</th>
<th>City/Country</th>
<th>Term of Study</th>
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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)