APPLICATION CHECKLIST

Health in Brazil Program
Summer

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

- UB application form
- Study Statement, signed by your academic advisor
- 2 Academic Recommendations
- Official home campus 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

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: __/__/_________ Mo   Day   Year

Please notify us of any changes in your contact information.

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) __________________________

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.

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<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 ____ ____

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 __________________________
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): __________________________

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
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>
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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.
# Academic Recommendation

**Student Name:**

**Campus Student ID #:**

**Last**  **First**  **MI**

**UB Study Abroad Program:**

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I waive my right to access this reference completed by [ ] Yes [ ] No

**Name of Reference**

**Student Signature:**  
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**Title**  
**Department**

**Signature**  
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