APPLICATION CHECKLIST

Capital Normal University

Please return the following documents to the UB Study Abroad office prior to the application deadline of March 15 for the fall semester or academic year or October 1 for the spring semester:

- UB application form
- Study Statement
- Foreign Language Proficiency form
- 2 Academic Recommendations
- Official transcript (and previous institution(s) if you are a transfer student)
- CNU Application Form for International Students
  *Please type, sign and date section 7, and have your Guarantor sign section 9.*
- One passport-size photo
- Copy of your passport
Please type or print in ink.

### Application Information

Name: ____________________________

Last  First  Middle

UB Study Abroad Program:

<table>
<thead>
<tr>
<th>Program/University</th>
<th>City</th>
<th>Country</th>
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</table>

Please list any other programs you are applying for:

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<th>Country</th>
<th>Administering SUNY Campus</th>
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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

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: (___)

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

Permanent/Home Telephone: (___)

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>
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</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>
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</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

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)
Foreign Language Proficiency for UB Study Abroad Programs

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)
   _____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>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>No Ability</th>
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<td>Speaking</td>
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<td>Listening Comprehension</td>
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<td>Writing</td>
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</table>

I waive my right to access this reference completed by ____________________________________________
□ Yes  □ No
Name of Reference ___________________________
Student Signature: ___________________________ 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? ___________________________________________

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<td>Composition</td>
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<td>Conversation</td>
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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) ___________________________
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? ____________________________

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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.

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

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Name of Reference: ___________________________ Title: ___________________________ Department: ___________________________

Signature: ___________________________ Date: ___________________________ Institution (if not UB): ___________________________

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