APPLICATION CHECKLIST

Technical University of Denmark (DTU)

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

- UB application form
- Study Statement, signed by your academic advisor
- 1 Academic Recommendation
- Official UB transcript (and previous institution(s) if you are a transfer student)
- DTU On-line Application

Complete, print, and submit a copy of the on-line DTU application along with UB application materials to Study Abroad Programs by the deadlines above.

Please access DTU on-line application at: http://www.icn.dtu.dk/

Please use the following information for “Contact person at home university”

Krista Paszkowsky, Study Abroad Advisor
Study Abroad Programs, University at Buffalo
210 Talbert, Buffalo, NY 14260
Tel: +1 (716) 645-3912
Fax: +1 (716) 645-6197
Email: kristapa@buffalo.edu

- One passport-size photo
  Please print your full name and date of birth on the back.

- Copy of your passport
Application Information

Name: ____________________________  ____________________________  ____________________________
Last    First     Middle

UB Study Abroad Program:
_________________________________________  City     Country

Please list any other programs you are applying for:

<table>
<thead>
<tr>
<th>Program/University</th>
<th>City</th>
<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 2012)

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

How did you learn about this program? ____________________________

Personal Information

Date of Birth:_____ / _____ / _____  Place of Birth: ____________________________
    Mo  Day  Year                        City / State  Country

Gender: ☐ Male  ☐ Female

Passport #:__________________________  Passport Expiration Date:________ / ______ / ______
    or date of passport application
    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: (_____)

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.

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: ( ) ___________________________

Email Address: ___________________________

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: ___________________________

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)
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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<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>
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<tr>
<td>Competence in field of study</td>
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<td>Academic interest and motivation</td>
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<td>Capacity for independent study</td>
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<td>Resourcefulness</td>
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<td>Reliability</td>
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<td>Academic integrity</td>
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<th>Non-academic attributes</th>
<th>Excellent</th>
<th>Very Good</th>
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<th>Fair</th>
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<td>Level of maturity</td>
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<td>Ability to adapt to new situations</td>
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<td>Self-confidence and self-esteem</td>
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<td>Ability to relate well to others</td>
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<td>Emotional stability</td>
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<td>Open-mindedness</td>
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<td>Personal integrity</td>
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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