APPLICATION CHECKLIST

International Christian University
2014-2015 Academic Year

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

• UB application form
• Study Statement (this will be used as ICU’s required “Study and Career Plans” essay, so please type and include your name).
  Explain as fully as possible your reasons for wishing to study at ICU and how they relate to your present studies and future plans in around 500 words (double-spaced and in a 12 point font).
• Foreign Language Proficiency Form
• Official UB transcript (and previous institution(s) if you are a transfer student)
• 2 custom-sized photos*
  *Must meet specific dimensions of 4x3 cm, your name must be printed on the back. Please see Study Abroad Programs for information on where to obtain photos.
• Copy of your passport
• Access online ICU application materials at:
  http://subsite.icu.ac.jp/ieeo/exchange_invitee/application.html
  Download forms 1, 2, 3, 4, 5, and 6 (fill out, print, and return with UB application materials)
• Form 1: ICU Application Form
• Form 2: ICU Reference Letter (please print 2 – you will need to ask two UB faculty members who have taught you in a class. Please ask your professors to return this form to you in a sealed envelope).
• Form 3: Questionnaire Concerning Japanese Language Form
• Form 4: Visa Information Sheet for Application for Certificate of Eligibility Form
• Form 5: Confirmation of Financial Resources
• Form 6: Exchange Program Application Checklist
Please type or print in ink.

**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 2012)

□ 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: (____) __________________________

Campus Email Address (use block letters) __________________________

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>
</tr>
</thead>
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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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</thead>
<tbody>
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</tbody>
</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: ____________________________  
Last    First    MI  
Campus Student ID #: ____________________________

UB Study Abroad Program:

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

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

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)
   _____ beginners 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>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaking</td>
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<tr>
<td>Listening Comprehension</td>
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<tr>
<td>Reading</td>
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<tr>
<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? ___________________________

<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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</thead>
<tbody>
<tr>
<td>Reading</td>
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<td>Understanding lectures</td>
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<td>Composition</td>
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<tr>
<td>Conversation</td>
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</table>

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) ___________________________

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