APPLICATION CHECKLIST

University of Kent

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 and October 1 for the spring semester:

- UB application form
- Study Statement, signed by your academic advisor
- 2 Academic Recommendations
- Official UB transcript (and previous institution(s) if you are a transfer student)
- Copy of your passport

Please note that if your application is approved by the UB Study Abroad Programs office, you will be required to complete and submit an on-line application to the University of Kent. UB Study Abroad Programs will contact you via e-mail to provide you with instructions on completing and submitting the University of Kent online application.
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 #: __________________________

or date of passport application

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)

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     Zip Code (if not US)     Zip/Postal Code

Current 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____
Your Name                              UB Study Abroad Program                              Term of Study

Academic Background

Please list below any other colleges or universities you have attended.

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<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:

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<tr>
<th>Name</th>
<th>Relationship to you</th>
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Parent or Guardian (if under 21):

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<th>Relationship to you</th>
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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) ___________________________

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

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>
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<th>No Evaluation</th>
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Academic Recommendation

Student Name: ___________________________ Campus Student ID #: ____________________

Last    First      MI

UB Study Abroad Program: ____________________________________________________________

Program/University          City/Country       Term of Study

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Signature ___________________________ Date ___________________________ Institution (if not UB) ___________________________

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