APPLICATION CHECKLIST

Konan University

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

- UB application form
- Study Statement
- Foreign Language Proficiency form
- Official UB transcript (and previous institution(s) if you are a transfer student)
- Copy of your passport

The UB Study Abroad office will review your application for this program and contact you by e-mail soon after the application deadline to inform you of our decision. Students whose applications are approved will be contacted by e-mail to complete and submit a Konan University application.
**Application Information**

Name: ________________________________  Last  First  Middle

UB Study Abroad Program:

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

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>
</tr>
</thead>
</table>

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: ____________________________  Gender: ☐ Male  ☐ Female

| Passport #: __________________________ |
| Passport Expiration Date: ___ / ___ |
| or date of passport application |

Country of Citizenship: __________________________  Visa Status (if not US citizen): __________________________

Home Campus: __________________________  Campus Student ID #: __________________________

Local Mailing Address:

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Apt #</th>
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<tbody>
<tr>
<td>City</td>
<td>State</td>
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Current Telephone: ( )  Permanent/Home Telephone: ( )

Campus Email Address  (use block letters)  Alternate Email Address  (use block letters)

My local address can be used until: ___ / ___ / ___

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: (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)
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)
   _____ language courses at the level of:  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:

   Language Skills
   Excellent  Good  Fair  Poor
   Speaking
   Listening Comprehension
   Reading
   Writing

I waive my right to access this reference completed by ____________________________

Name of Reference

□ Yes  □ No

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?

Language Skills
   Excellent  Very Good  Good  Fair  Poor  No Ability
   Reading
   Understanding lectures
   Composition
   Conversation

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)