APPLICATION CHECKLIST

Korea 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 and October 15 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)
- Korea University Online Application (available after Sept. 13, 2013) please access at: http://oia.korea.ac.kr/listener.do?layout=student_1_1_4
  *Please note that you should apply for the Student Exchange Program (SEP).
- One passport-size photo
- Copy of your passport
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: __________________________________________________________

Gender: □ Male □ Female

Passport #: __________________________ Passport Expiration Date: ______/_____/______ 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: ______/_____/______

Permanent/Home Address: (if different)

Street Address __________________________ Apt # __________

City __________________________ State __________________________ Zip/Postal Code __________________________

Permanent/Home Telephone: ( ______) __________________________

Alternate Email Address (use block letters) ________________________________________________________________

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.

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<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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<thead>
<tr>
<th>Name</th>
<th>Relationship to you</th>
<th>Street Address</th>
<th>Apt Number</th>
<th>City/State</th>
<th>Country (if not US)</th>
<th>Zip/Postal Code</th>
<th>Home Phone</th>
<th>Cell Phone</th>
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**Parent or Guardian (if under 21):**

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<th>Name</th>
<th>Relationship to you</th>
<th>Street Address</th>
<th>Apt Number</th>
<th>City/State</th>
<th>Country (if not US)</th>
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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:

- Financial Aid: $ ______
- Grants/Scholarships: $ ______
- Loans: $ ______
- Family Assistance: $ ______
- Savings: $ ______

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)
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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<th>Academic attributes</th>
<th>Excellent</th>
<th>Very Good</th>
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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

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.

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