APPLICATION CHECKLIST

University of Leicester

Please return the following documents to the UB Study Abroad office prior to the application deadline of **March 15** for Academic Year or Fall Semesters and **September 15** for Spring Semester:

- **UB application form**
- **Study Statement**, signed by your academic advisor
- **1 Academic Recommendation**
- **Official SUNY campus transcript (and previous institution(s) if you are a transfer student)**
- **University of Leicester Application Form Section A**
  
  *This application can be accessed at:*
  
  [http://www2.le.ac.uk/offices/international/overseas-exchange/incoming/study-abroad/documents/Exchange%20Application%20Form%202013%20e-form.pdf](http://www2.le.ac.uk/offices/international/overseas-exchange/incoming/study-abroad/documents/Exchange%20Application%20Form%202013%20e-form.pdf)

  *Please type in the required information, print the application and sign and date the bottom of page 3.*

- **University of Leicester Application Form Section B**
  
  *From a faculty member at your SUNY campus who has taught you in a class; cannot be the same person who completes the UB Study Abroad Academic Recommendation. This form is page 4 of the above mentioned Leicester application and can be sent and completed electronically. Once completed, it will need to be printed, signed and dated, and submitted to our office in a sealed envelope to ensure its confidentiality.*

- **4 passport-size photos**
- **Copy of your passport**
**Application Information**

Name: 

Last First Middle 

UB Study Abroad Program:

<table>
<thead>
<tr>
<th>Program/University</th>
<th>City</th>
<th>Country</th>
<th>Administering SUNY Campus</th>
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Please list any other programs you are applying for:

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<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? 

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**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) 

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.

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**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.

<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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</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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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)
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?

<table>
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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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<tr>
<th>Non-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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<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