APPLICATION CHECKLIST

Nanyang Technological University

Please return the following documents to the UB Study Abroad office prior to the application deadline of March 1 for the fall semester or academic year and September 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)
- One passport-size photo
- Copy of your passport

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

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:**
- Mo
- Day
- Year

**Place of Birth:**
- City / State
- Country

**Gender:**
- Male
- Female

**Passport #:**
- Passport Expiration Date:
- Month & Year

**Country of Citizenship:**

**Married?**
- No
- Yes

**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.

### 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.

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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:

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 for UB Study Abroad Programs

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
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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<th>Academic attributes</th>
<th>Excellent</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)
# Academic Recommendation for UB Study Abroad Programs

## 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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**Name of Reference**

**Title**

**Department**

**Signature**

**Date**

**Institution (if not UB)**

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