



**University at Buffalo**  
*The State University of New York*

**Office of International Education**  
Study Abroad Programs

## **APPLICATION CHECKLIST**

India Winter Intersession Program  
Winter 2009-2010

Please return the following documents to the UB Study Abroad Office prior to the application deadline of **October 15**:

- UB general application form
- UB study statement, signed by advisor
- UB academic recommendation form
- Official transcript from home campus (and previous institution(s) if you are a transfer student)



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 09)

Form fields for term of study: 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 #: 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 Country (if not US) Zip/Postal Code

Permanent/Home 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





**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: Last First MI Campus Student ID #: \_\_\_\_\_

UB Study Abroad Program: Program/University City/Country Term of Study

I waive my right to access this reference completed by Name of Reference Yes No

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.

To the Reference:

Please provide your assessment of this student's candidacy for study abroad to the best of your knowledge.

How long and in what capacity have you known the student? \_\_\_\_\_

Table with 7 columns: Academic attributes, Excellent, Very Good, Good, Fair, Poor, No Evaluation. Rows include Competence in field of study, Academic interest and motivation, Capacity for independent study, Resourcefulness, Reliability, Academic integrity.

Table with 7 columns: Non-academic attributes, Excellent, Very Good, Good, Fair, Poor, No Evaluation. Rows include Level of maturity, Ability to adapt to new situations, Self-confidence and self-esteem, Ability to relate well to others, Emotional stability, Open-mindedness, Personal integrity.

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)