

Buffalo State

State University of New York

Student Ambassador Program

Return completed application to:

Office of Admissions
Attention: Student Ambassador Program
Moot Hall 110
1300 Elmwood Avenue
Buffalo, New York 14222

PLEASE TYPE (OR PRINT NEATLY).

Biographical Data

Name _____ Social Security # _____

Email Address: _____

Local Address _____

Local Phone _____

Cell Phone _____

Home Address _____

Home Phone _____ Date of Birth _____

Gender Male Female

Ethnicity

African-American

Native American

White, Non-Hispanic

Asian or Pacific Islander

Hispanic/Latino

Other (please specify) _____

High School Information:

Name of High School attended _____

Location of School _____

Name of Guidance Counselor _____

Graduation Year _____

College Information

Current Year: (circle) Freshman Sophomore Junior Senior

G.P.A. _____

Intended Major _____

Have you been accepted into your School or Department? (circle) Yes No

Academic
Minor(s) _____

Expected Graduation Date: (month/year) _____

Clubs or Activities you have been or are currently involved in at Buffalo State College:

Leadership Roles

Volunteer Activities (either at Buffalo State or in the Community)

**To complete your application please be sure to submit the attached reference letter, once completed submit the application to the Office of Admissions, Attention: Student Ambassador Program.*

