

International Graduate Programs for Educators · 430 C South Wing · 1300 Elmwood Avenue · Buffalo, NY 14222 · FAX: (716) 878-6809 · intlearning@buffalostate.edu

A **complete Application Packet** must be received as one packet in the International Graduate Programs for Educators office by the specified application deadline date. Please send to:

International Graduate Programs for Educators
430C South Wing
Buffalo State College, State University of New York
1300 Elmwood Avenue, Buffalo, New York 14222
Phone: (716) 878-6832 • FAX: (716) 878-6809
Email: intlearning@buffalostate.edu

Graduate Application Fee:

State University New York mandates that a non-refundable \$150.00 fee be collected from all first-time applicants for graduate study.

APPLICATION or COURSE REGISTRATION REQUESTS WILL NOT BE PROCESSED UNTIL THIS FEE IS PAID. Payment of the fee is not contingent on any action or decision the campus may render on an application or any subsequent decision by an applicant to withdraw an application. Please remit check or money order (US FUNDS ONLY) with your application.

**Make check or money order payable to:
THE RESEARCH FOUNDATION of SUNY**

1. Social Security No. _____ - _____ - _____

This number becomes your student identification number. Leave blank if you are NOT a US citizen. A number will be assigned to you.

2. Date of Birth: _____ / _____ / _____
month day year

3. Name: _____
Last

_____ First Middle

_____ Other name(s) under which records may appear

4. Semester and Year seeking enrollment:

Fall 20____ Spring 20____ Summer 20____

5. Curriculum and degree to which you seek admission:

Master of Science - Multidisciplinary Studies

6. Curriculum Code: **6000/6002**

7. What is your country of citizenship?

- United States
 I am a permanent resident of the U.S. but my birth country is _____
 I am a citizen of _____
Country

8. Are you a Veteran? Yes No

9. If you wish to identify yourself as a member of a racial/ethnic group, indicate here:

- White, non-Hispanic Black, non-Hispanic
 Asian or Pacific Islander Hispanic
 American Indian or Native Alaskan Other

10. Gender: Male Female

11. Marital status: Single Married
 Widowed Divorced

12. Have you been:

Convicted of a felony? Yes No

Dismissed from college for disciplinary reasons? Yes No

An affirmative response to either question will not automatically prevent admission, but you will be asked to provide additional information. This information will be reviewed by a campus committee. Any falsification or omission of data may result in a denial of admission or disciplinary action.

13. Mailing address:

_____ Number & Street

_____ City State or Province

_____ Country Zip/Postal Code

_____ Home Phone (County code + Area code + Number)

_____ Work/Other Phone (Country code + Area code + Number)

14. E-Mail address:

PLEASE PRINT CLEARLY! Do not use hotmail accounts!

Hotmail does not accept attachments from universities and we want to be sure you receive all information sent to you.

15. Have you previously applied for Graduate Studies or previously attended graduate classes at Buffalo State?

- No previous application/attendance
 Yes. Last application/attendance:

_____ Semester/Year

16. List all colleges/universities attended regardless of its applicability to your graduate study. Obtain one official transcript from each college including transfer schools you attended and submit sealed transcripts with your application packet. Buffalo State graduates much list Buffalo State attendance but do not have to submit transcripts.

College	Dates of Attendance				Date of Degree		Type of Degree
	From		To		Received	Expected	
	Month	Year	Month	Year			

17. Occupational Background.

Occupation	Address (City and State)	Dates			
		From		To	
		Month	Year	Month	Year

18. I certify that the information submitted in this application is complete and accurate to the best of my knowledge. I understand that entering incorrect information on this form may be cause for denial or cancellation of admission.

Signature of Applicant

Date

19. I must assume full responsibility for knowledge of all of the deadlines, rules, regulations and requirements. I am responsible for notifying the International Graduate Programs for Educators office of any change of name, mailing address or email address so that information and other mailings can be properly directed. Requirements and programs are subject to change, and students must be aware of current regulations.

Signature of Applicant

Date

20. In my opinion, this applicant has demonstrated an ability to write that is necessary to participate in an advanced degree program.

Signature of School Head or his/her designated representative

Title

Date

21. I will participate in the courses offered through the Understanding by Design: Train the Trainers Program. I am currently employed at

_____ in _____.

Host School

City/Country