

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 of New York policy mandates that a non-refundable \$50.00 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<br>(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 of the program as detailed in this document. 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 at \_\_\_\_\_ in \_\_\_\_\_.  
Host school
City/Country