

## International Undergraduate Non-Matriculated Application

This application is intended for international students: non-U.S. citizens, non-Permanent Residents, and others educated outside the U.S. It is for non-degree study only. If you plan to complete a degree at the University, you must complete an application form for matriculated study. Contact International Admissions at (716) 645-2368 or intadmit@buffalo.edu for this application.

The application fee is U.S. \$40. Payment methods: (1) Enclose a bank draft drawn on a U.S. bank payable to the "University at Buffalo" or (2) Complete the credit card information below. Applications received without the appropriate fee will not be processed.

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| Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard |
| Cardholder's name exactly as it appears on the card: _____                             |
| Credit Card Number: _____ Expiration Date: _____                                       |
| Cardholder's Signature: _____ Amount to be charged: U.S. \$40                          |

**Please print in ink or type.**

1. Name (Your name must match your passport; enclose a copy of your passport biographical page.)  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  

Family/Last Name
Given/First Name
Middle Name
  
2. Date of Birth \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_                      3. Sex     Male     Female  

Month      Day      Year
  
4. Current Mailing Address \_\_\_\_\_  
 (List complete mailing address exactly as it should appear on an envelope.) \_\_\_\_\_  

City
State/Province
Country
Postal Code
 E-mail address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Fax \_\_\_\_\_
  
5. If you will move from your Current Mailing Address within the next 12 months, please indicate the date after which we should send all correspondence to your Permanent Address. \_\_\_\_\_
  
6. Foreign Address \_\_\_\_\_  
 (A permanent address outside the U.S. is required.) \_\_\_\_\_  

City
State/Province
Country
Postal Code
 Telephone \_\_\_\_\_  
 Fax \_\_\_\_\_
  
7. Are you a U.S. Citizen?     Yes       No
  
8. Country of Birth \_\_\_\_\_
  
9. Country of Citizenship \_\_\_\_\_

10. Are you a permanent resident of the U.S.?  Yes  No
11. If you are not a permanent resident, have you applied for permanent resident status?  Yes  No
- 12a. If you are currently holding a U.S. visa, indicate your visa type and **attach a copy of your current visa (and I-20, if F-1).**  F-1  J-1  A-2  
 H-4 Other: \_\_\_\_\_  
Please specify
- 12b. If you are currently holding a U.S. visa, indicate the visa expiration date. \_\_\_\_\_ / \_\_\_\_\_  
Month Year
13. Date you took or will take the TOEFL. \_\_\_\_\_ / \_\_\_\_\_  
Month Year
- Be sure to request that official TOEFL scores be sent to UB. The UB school code for the paper-based test is: 2925. The UB designation for the computer-based test is: "St. U. of NY, Center at Buffalo (U.)"
14. Semester you expect to begin study.  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_  
Year Year Year

**EDUCATIONAL DATA**

**Secondary School**

| 1) Grade Level | 2) Years Attended | 3) Age | 4) Type of School | 5) Name of School, City/Country | 6) Certificates, Diplomas, Graduations, Standardized Examinations |
|----------------|-------------------|--------|-------------------|---------------------------------|---|
|                |                   |        |                   |                                 |   |
|                |                   |        |                   |                                 |   |
|                |                   |        |                   |                                 |   |
|                |                   |        |                   |                                 |   |

**University**

| 1) Grade Level | 2) Years Attended | 3) Age | 4) Type of School | 5) Name of School, City/Country | 6) Certificates, Diplomas, Graduations, Standardized Examinations |
|----------------|-------------------|--------|-------------------|---------------------------------|---|
|                |                   |        |                   |                                 |   |
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|                |                   |        |                   |                                 |   |

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION FORM IS TRUE TO THE BEST OF MY KNOWLEDGE. I understand that withholding information requested on this application or giving false information may make me ineligible for admission or subject to dismissal.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail the completed application and supporting documentation to:**

International Admissions  
 University at Buffalo  
 411 Capen Hall  
 Buffalo, NY 14260-1604  
 USA

**For more information:**

Tel: (716) 645-2368  
 Fax: (716) 645-2528  
 E-mail: [intadmit@buffalo.edu](mailto:intadmit@buffalo.edu)