

International Undergraduate Reentry Application

This is an application to reenter the University. Please do not file this form if you attended the University only as a nonmatriculating student or as a graduate student. In those cases, an undergraduate application must be filed.

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 4. UB Person No. ____-____
Month Day Year

5. 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 _____

6. 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.

7. Foreign Address
(A permanent address
outside the U.S. is
required.)

City State/Province Country Postal Code

Telephone _____

Fax _____

8. Are you a U.S. Citizen? ☐ Yes ☐ No

9. Country of Birth _____

10. Country of Citizenship _____

11. Are you a permanent resident of the U.S.? ☐ Yes ☐ No
12. If you are not a permanent resident, have you applied for permanent resident status? ☐ Yes ☐ No
- 13a. If you are currently holding a U.S. visa, indicate your visa type. ☐ F-1 ☐ J-1 ☐ A-2
 If you will need a student visa, check F-1. ☐ H-4 Other: _____
 Please specify
- 13b. If you are currently holding a U.S. visa, indicate the visa expiration date. _____ / _____
 Month Year

14. Semester you expect to begin study. ☐ Fall _____ ☐ Spring _____ ☐ Summer _____
 Year Year Year

15. Major _____

16. Dates of previous attendance. From _____ / _____ To _____ / _____
 Semester Year Semester Year

17. Are you currently enrolled at UB? ☐ Yes ☐ No

18. If you have attended another college or university since your last matriculation at UB, please indicate the name(s) and dates of attendance. An official transcript from each school must be received before an admission decision can be made.

Name of College or University Attended

Dates of Attendance

____ / ____
 Month Year
 ____ / ____
 Month Year

19. Check here ☐ if you have been convicted of a felony since you last attended.
20. Check here ☐ if you have been dismissed from a college for disciplinary reasons since you last attended.

- 21a. Were you previously dismissed from the University? ☐ Yes ☐ No
- 21b. Was your academic average (GPA) at UB below 2.0? ☐ Yes ☐ No
- 21c. Was your overall average (including transfer work) below 2.0? ☐ Yes ☐ No

If you answered Yes to any of Questions 21a-c, you must complete the petition at right.

It is highly recommended that you discuss your petition and your future goals and plans with your academic advisor. Advisors are available at the following locations:

Academic Advisement Center	109 Norton Hall	716-645-2450	aac-advisor@buffalo.edu
College of Arts and Sciences Advisement	275 Park Hall	716-645-6883	cas-advisor@buffalo.edu

If desired, you may also attach a signed recommendation to committee from a faculty member or advisor in support of your petition.

APPLICANT PETITION (Required if you answered Yes to any of Questions 21a-c.)

Please write a clear and concise statement of the reasons you should be readmitted to the University. Include in your statement the reasons for your poor scholarship during your previous attendance and a summary of your activities since attending the University at Buffalo. Include any other pertinent information and/or extenuating circumstances which you feel will help your petition for readmission. Please type or print legibly. Attach additional pages as necessary.

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 _____

REQUIRED SUPPORTING DOCUMENTATION

If you will require a Certificate of Visa Eligibility (I-20), you must submit the following supporting documentation with your application:

- Completed UB Financial Form (buffalo.edu/internationaladmissions/forms#financial)
- Original bank statement documenting the funds necessary for the first year of study.
- Copy of passport biographical page.
- Copy of current I-20 and/or visa, if applicable.

Mail the completed application and supporting documentation to:

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

For more information:

Tel: (716) 645-6121
Fax: (716) 645-3240
Email: intadmit@buffalo.edu

FOR OFFICE USE ONLY

Person Number _____
 Student Name _____
 Entered by _____
 Date Entered _____
 Postcard Sent _____

DIV.	SEM.	APPL. TYPE	DATE	INIT
Admission Decision _____ Per: _____				
_____ Prob. _____ Course Limit				
	Incomplete Notice			
	Accept Letter Sent			
	Reject Letter Sent			

ACADEMIC SUMMARY

	<u>Dates Attended</u>	<u>C r. Att.</u>	<u>Cr. Earned</u>	<u>Qpts.</u>	<u>QPA</u>
University at Buffalo	_____	_____	_____	_____	_____
Transfer Work:					
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
		<u>TOTAL</u>	<u>TOTAL</u>	<u>TOTAL</u>	<u>CUM QPA</u>

Dropped: _____ Yes _____ Date _____ Registered: _____ Yes _____ Semester _____
 _____ No _____ No _____ Number of Credit Hrs. _____

Referred to: _____ Scholastic Standards Committee UB Quality Point Deficit _____
 _____ EOP Readmissions Committee Cumulative QPD _____ Date _____
 _____ Other _____ Referred by: initials _____

Action: _____ Approved _____ Denied _____ Deferred _____
 by _____ Signature _____ Date _____

COMMENTS

XOF _____ DSC _____
 Prev. EOP _____
 Checkstops _____