

## STATE UNIVERSITY OF NEW YORK (SUNY) AUTOBIOGRAPHICAL ESSAY

INSTRUCTIONS: The autobiographical essay is to be written by the applicant in English. It should include information relevant to your admissions application, but not already given on other forms, such as why you are applying for study in the United States, reasons for selecting the field of study chosen, work experience relevant to your field of study, the explanation for any extended interruption in your school attendance, special interests and abilities you have, plans for further study and/or employment after completion of your first degree, family background, etc. You may use both sides of this sheet. Return this essay with other application forms to the Director of Admissions of the State University of New York campus to which you are applying.

Applicant's Family Name	First Name	Middle Name	
Permanent Address	Number & Street	Province or State	Country
Name and City of SUNY campus To which you are applying			

**STATE UNIVERSITY OF NEW YORK  
ENGLISH PROFICIENCY REPORT**

**DIRECTIONS TO THE APPLICANT**

1. Complete Part I and address an envelope to the Director of Admissions at the campus you have named in No. 3.
2. Take the Form and an addressed envelope to a qualified person (see Part II below for information on qualified persons), and request him to complete Part II and mail the Form in the envelope provided.

**PART I. (PRINT OF TYPE IN ENGLISH)**

<b>1.</b>	<input type="checkbox"/> MR. <input type="checkbox"/> MISS <input type="checkbox"/> MRS.	FAMILY NAME	GIVEN NAME (S)				
<b>2.</b>	HOME ADDRESS	NO. AND STREET	TOWN OR CITY	PROVINCE OR STATE	COUNTY		
<b>3.</b>	NAME AND LOCATION OF CAMPUS TO WHICH YOU ARE APPLYING			<b>4.</b>	DATE YOU EXPECT TO ENTER THIS CAMPUS	MONTH	YEAR
<b>5.</b>	<b>HISTORY OF CANDIDATE'S FORMAL STUDY OF ENGLISH</b>						
		NUMBER OF YEARS	NUMBER OF MONTHS PER YEAR	NUMBER OF HOURS PER WEEK	NATIVE LANGUAGE OF INSTRUCTOR (S)		
	SECONDARY SCHOOL						
	UNIVERSITY						
	OTHER						

**PART II. TO BE COMPLETE BY ONE OF THE FOLLOWING:**

- A DIRECTOR OF COURSES IN ENGLISH (OR HIS DULY DESINGANTED REPRESENTATIVE) OF A BI-NATIONAL CENTER.
- A PROFESSOR OR INSTRUCTOR OF ENGLISH AT A SCHOOL OR UNIVERITY.

<b>6.</b>	IS THE APPLICANT'S NATIVE LANGUAGE ENGLISH?				<input type="checkbox"/> YES	<input type="checkbox"/> NO		
<b>7.</b>	'X' THE APPROPRIATE BOXES TO INDICATE YOUR OPINION OF THE APPLICANT'S PRESENT ABILITY IN ENGLISH FROM THE STAND-POINT OF THE LANGUAGE PROFICIENCY USUSALLY NEEDED FOR EFFECTIVE PURSUIT OF STUDEIES AT A COLLEGE UNIVERSITY IN THE UNITED STATES.							
SPEAKS ENGLISH:	<input type="checkbox"/>	FLUENTLY AND COLLOQUIALLY	<input type="checkbox"/>	WITH EAST BUT STILTED	<input type="checkbox"/>	HALTINGLY	<input type="checkbox"/>	NO ABILITY
UNDERSTANDS SPOKEN ENGLISH	<input type="checkbox"/>	WITH GOOD COMPREHENSION	<input type="checkbox"/>	WITH SOME HESITATION	<input type="checkbox"/>	SIMPLE VOCABULARY ONLY	<input type="checkbox"/>	NOT AT ALL
UNDERSTANDS WRITTEN ENGLISH USED IN:	<input type="checkbox"/>	ADVANCED LEVEL MATERIALS	<input type="checkbox"/>	INTERMEDIATE LEVEL MATERIALS	<input type="checkbox"/>	ELEMENTARY LEVEL MATERIALS	<input type="checkbox"/>	NO ABILITY
EXPRESSES THOUGHTS IN WRITTEN ENGLISH:	<input type="checkbox"/>	WITH FLUENCY AND FACILITY	<input type="checkbox"/>	WITH EAST BUT UNGRAMMATICALLY	<input type="checkbox"/>	ON AN ELEMENTARY LEVEL ONLY	<input type="checkbox"/>	NO ABILITY
<b>8.</b>	<b>PLEASE RECOMMEND AN APPROPRIATE BEGINNING COURSE LOAD AT AN AMERICIAN INSTITUTION OF HIGHER EDUCATION. THIS STUDENT:</b>							
<input type="checkbox"/>	NEEDS NO ADDITIONAL LANGUAGE TRAINING; COULD CARRY A FULL ACADEMIC PROGRAM			<input type="checkbox"/>	COULD CARRY _ ACADEMIC LOAD, WITH _ LANGUAGE TRAINING			
<input type="checkbox"/>	NEEDS NO SPECIAL COURSE WORK, BUT COULD REQUIRE OCCASIONAL ASSISTANCE			<input type="checkbox"/>	NEEDS 6-10 WEEKS OF INTENSIVE TRAINING PRIOR TO UNDERTAKING FULL-TIME STUDY			
<input type="checkbox"/>	COULD CARRY _ ACADEMIC LOAD, WITH _ LANGUAGE TRAINING			<input type="checkbox"/>	IS UNQUALIFIED FOR ACADEMIC WORK			
<input type="checkbox"/>	COULD CARRY _ ACADEMIC LOAD, WITH _ LANGUAGE TRAINING							
<b>9.</b>	ON WHAT DATE WILL THE APPLICANT TAKE THE TOEFL?							
		MONTH	YEAR					LOCATION
THE APPLICANT SHOULD ARRANGE TO HAVE THE SCORES SENT TO THE CAMPUS NAMED BELOW.								
<b>10.</b>	REMARKS: (DESCRIBE ANY ADDITIONAL LANGUAGE STUDY CANDIDATE IS PLANNING TO TAKE BEFORE COMING TO THE U.S.)							
<b>11.</b>	NAME OF PERSON PREPARING REPORT (PLEASE PRING)				OFFICIAL POSITION			
SIGNATURE OF PERSON PREPARING REPORT				DATE				

THE PERSON COMPLETING THIS FORM SHOULD MAIL IT DIRECTLY TO THE STATE UNIVERSITY OF NEW YORK CAMPUS TO WHICH THE STUDENT IS APPLYING IN A PROPERLY ADDRESSED ENVELOPE, WHICH THE APPLICANT HAS BEEN INSTRUCTED TO SUPPLY.

**FOREIGN STUDENT FINANCIAL STATEMENT**

Be sure to Read the Information on the Reverse Side Before completing This Form.

**PART I** Write in ink or type

1. Name of Applicant Mr. \_\_\_\_\_  
 Mrs. \_\_\_\_\_ (family name) \_\_\_\_\_ (first, given) \_\_\_\_\_ (middle)
2. Permanent Address \_\_\_\_\_

3. Campus to which you are applying _____	10. Does your country restrict dollar exchange? Yes <input type="checkbox"/> No <input type="checkbox"/> What is the maximum dollar account permitted for a student? \$ _____
4. Major field/department _____	11. Total amount of U.S. dollars you expect to bring with you upon arrival (tuition, room, meals, and books must be paid at the beginning of each semester). \$ _____
5. Degree for which you are applying _____	12. Do you have a source within the U.S. for emergency funds once you arrive in this country? Yes <input type="checkbox"/> No <input type="checkbox"/>
6. I expect my program of study to take _____ years to complete.	13. If YES, name source _____ Amount available in U.S.: \$ _____
7. Birthdate _____ / _____ / _____ mo day year	
8. Country of Citizenship _____	
9. <input type="checkbox"/> I plan to come without dependents <input type="checkbox"/> The following dependents will accompany me (list names and relationships) _____ _____	

**PART II** Complete each relevant item below. Sign and date the form after (C)

Enter amount of assured support available for  
Each year of study in U.S. dollars.

Source of funds	Year 1	Year 2	Year 3	Year 4	Required Verification
Personal Savings Name of Bank _____ Account Holder _____	\$	\$	\$	\$	1. Bank Statement 2. Complete (A) and (C) below
Family/Relative/Sponsor Name _____ Name _____ Name _____	\$	\$	\$	\$	1. Bank Statement 2. Complete (A), (B) and (C) below
Scholarship/Loan Awarded by _____ _____ _____	\$	\$	\$	\$	1. Official award letter. See instructions on reverse side 2. Loan approval letter. See instructions on reverse side 3. Complete (C) below
Government/Employer/Other Name of sponsor _____ Other (specify source and type of support) _____	\$	\$	\$	\$	1. Official award letter. See instructions on reverse side 2. Bank statements, affidavits, or sworn statements 3. Complete (C) below
Totals	\$	\$	\$	\$	

**VERIFICATION:**

A. This is to certify that the funds indicated above are on deposit or are being held in the name of the applicant, his family members, or sponsors (names above) at the savings institution named below. (Verification of amounts is without liability for the bank or its officials). Attach separate statement of accounts with official signature/seal.

Name of Bank \_\_\_\_\_ Date \_\_\_\_\_

Bank Official's Title \_\_\_\_\_ Bank Official's Signature/Seal \_\_\_\_\_

B. This is to certify that I (we) the undersigned have agreed to provide the funds indicated above to the applicant for the purpose of full-time study at the State University Campus listed above and that I (we) are submitting bank statements indicating the availability of these funds. I (we) further understand that the State University cannot provide ANY financial assistance to the applicant and that I (we) must provide these funds for the duration of the applicant's course of study. If the commitment is not met, the student may be subject to dismissal from the University for non-payment.

Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

C. This is to certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statement will result in an automatic denial of admissions, or cancellation of registration following enrollment.