



- Anticipated Enrollment: _____
- Surname (Family Name): _____
- Country of Citizenship: _____
- Birthdate (DD, MM, YYYY): _____
- Gender: _____
- Given Name: _____
- Country of Birth: _____
- City of Birth: _____

- Permanent Home Address:
 - Number/ House/ Street: _____
 - Town/City: _____
 - Province/District: _____
 - Country: _____
 - Postal Code (5 or 6 digits): _____
 - Telephone: + _____

• Your Email Address: _____

- Do you plan to enroll in a degree program at Buffalo State upon completion of the ESL program?
if yes, which program? _____

- Have you taken an English proficiency exam in the past?

Test: _____ Score: _____ Date taken (DD,MM,YYYY): _____
I plan to take _____ on _____

- Have you attended any other college/university in the USA? _____
- Have you ever had an I-20 issued to you in the past? _____

I certify that the information provided in this form is correct to the best of my knowledge

Applicant Signature: _____ Date: _____

To secure your place in the ESL Program, please submit this completed application, a copy of your passport bio page, your completed FSA-4 form, a bank statement and your \$50 application fee to:

SUNY Buffalo State
Intensive English Language Institute
1300 Elmwood Ave, South Wing 410
Buffalo, New York 14222, USA

Phone: +1 (716) 878-5331
Email: ieli@buffalostate.edu
Website: international.buffalostate.edu/esl