
CAPITAL NORMAL UNVIERSITY – BUFFALO STATE 3+2 PROGRAM

Semester you plan to enroll in the program: _____

Master's Program in which you wish to enroll: _____
(see list of available programs on the main webpage for the 3+2 program)

Family Name (surname): _____ First Name (given name): _____

Country of Birth: _____ Country of Citizenship: _____

Date of Birth: (month/day/year): _____ Gender: _____ Male or _____ Female

Permanent home country address (number and street):

Street Address: _____

Town or city: _____ Province or State: _____

Country: _____ Postal code: _____

Telephone: _____ Telefax: _____

Current mailing address (number and street): **(this is where your I-20 form will be sent)**

Street Address: _____

Town or city: _____ Province or State: _____

Country: _____ Postal code: _____

Telephone: _____ Telefax: _____

E-mail: _____

Please enter the score you received on the following language proficiency exams:

Test of English as a Foreign Language (TOEFL): _____ Score _____ Date

International English Language Test (IELTS): _____ Score _____ Date

College English Test CET-6: _____ Score _____ Date

() I plan to take the exam on (date) _____ () I do not plan to take an exam

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

Applicant's signature _____ Date: _____

To secure your place in the CNU-BS 3+2 Program, please complete and sign this form, scan it, and email it along with the other information listed on the application webpage under "How to Apply" to gradoffc@buffalostate.edu.