



BOSTON COLLEGE

GRADUATE SCHOOL OF ARTS AND SCIENCES

Send Document To:
Boston College Graduate School of Arts & Sciences
Admissions Processing Center
P.O. Box 229
Randolph, MA 02368-9998

APPLICATION FORM

PERSONAL INFORMATION

1. LEGAL NAME

LAST/ FAMILY NAME _____ FIRST NAME _____ MIDDLE _____ SUFFIX _____

2. U.S. SOCIAL SECURITY NUMBER (LEAVE BLANK IF NONE) --

3. DATE OF BIRTH --
MM DD YYYY

4. GENDER MALE FEMALE

5. CONTACT INFORMATION

PERMANENT ADDRESS

NUMBER & STREET _____ ADDRESS LINE 2 (IF APPLICABLE) _____

CITY _____ STATE/PROVINCE _____ ZIP CODE _____ COUNTRY _____

CURRENT ADDRESS SAME AS PERMANENT (GOOD UNTIL _____) MM/YYYY

NUMBER & STREET _____ ADDRESS LINE 2 (IF APPLICABLE) _____

CITY _____ STATE/PROVINCE _____ ZIP CODE _____ COUNTRY _____

E-MAIL ADDRESS _____

TELEPHONE NUMBER _____

U.S. HOME _____ INTERNATIONAL HOME _____ CELL _____

6. CITIZENSHIP INFORMATION

U.S. CITIZEN PERMANENT RESIDENT

If not U.S. citizen or U.S. permanent resident:

COUNTRY OF CITIZENSHIP _____ COUNTRY OF BIRTH _____

COUNTRY OF CITIZENSHIP _____ CITY OF BIRTH _____

(if dual citizenship)

IF YOU ARE CURRENTLY LIVING IN THE U.S. CURRENT VISA STATUS _____

If you have dual citizenship, list first the country whose passport you will be using for travel _____

7. ETHNICITY YOU MAY SELECT MULTIPLE ETHNICITY CATEGORIES AND SUBCATEGORIES TO BEST DESCRIBE YOUR BACKGROUND. (FOR U.S. CITIZENS AND PERMANENT RESIDENTS ONLY. THIS INFORMATION IS OPTIONAL.)

1. ARE YOU HISPANIC OR LATINO (INCLUDING SPAIN) YES NO

WHICH BEST DESCRIBES YOUR BACKGROUND?

- CENTRAL AMERICA
- CUBA
- MEXICO
- PUERTO RICO
- SOUTH AMERICA (EXCLUDING BRAZIL)
- SPAIN
- OTHER _____

2. REGARDLESS OF YOUR ANSWER TO QUESTION 1., PLEASE CHECK ANY AND ALL THAT YOU CONSIDER YOURSELF A MEMBER.

A. AMERICAN INDIAN OR ALASKA NATIVE YES NO

ARE YOU ENROLLED? YES NO

IF YES, ENTER TRIBAL NUMBER _____

WHICH BEST DESCRIBES YOUR BACKGROUND?

- ALASKA NATIVE
- CHIPPEWA
- CHOCTAW
- CHEROKEE
- NAVAJO
- SIOUX
- OTHER _____

B. ASIAN (INCUDLING INDIAN SUBCONTINENT AND PHILIPPINES) YES NO

WHICH BEST DESCRIBES YOUR BACKGROUND?

- CHINA
- INDIA

- JAPAN
- KOREA
- PAKISTAN
- PHILIPPINES
- VIETNAM
- OTHER EAST ASIA _____
- OTHER INDIAN SUBCONTINENT _____
- OTHER SOUTHEAST ASIA _____

C. BLACK OR AFRICAN AMERICAN (INCLUDING CARIBBEAN) YES NO

WHICH BEST DESCRIBES YOUR BACKGROUND?

- U.S./ AFRICAN AMERICAN
- AFRICA
- CARIBBEAN
- OTHER _____

D. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER YES NO

WHICH BEST DESCRIBES YOUR BACKGROUND?

- GUAM
- HAWAII
- SAMOA
- OTHER PACIFIC ISLANDS (EXCLUDING PHILIPPINES) _____

E. WHITE (INCLUDING MIDDLE EASTERN) YES NO

WHICH BEST DESCRIBES YOUR BACKGROUND?

- EUROPE
- MIDDLE EAST
- OTHER _____

ACADEMIC INFORMATION

8. ACADEMIC INTEREST

INTENDED DEPARTMENT _____ INTENDED PROGRAM _____

INTENDED DEGREE _____ INTENDED ENTRANCE TERM _____

IF YOU ARE APPLYING TO A JOINT/DUAL DEGREE, PLEASE INDICATE WHICH PROGRAM: _____

IF YOU ARE APPLYING TO A DOCTORAL PROGRAM AND ARE NOT ADMITTED, DO YOU WISH TO BE CONSIDERED FOR THE MASTER'S DEGREE IN THE SAME FIELD? YES NO

9. TEST INFORMATION

	DATE TAKEN (MM/YYYY)	SELF-REPORTED SCORE		
GRE	_____	VERBAL	QUANTITATIVE	ANALYTICAL
		_____	_____	_____

DATE TAKEN (MM/YYYY)

SELF-REPORTED SCORE

GRE SUBJECT TEST

TOEFL

10. LANGUAGE

NATIVE LANGUAGE: _____

PROFICIENCY IN LANGUAGES OTHER THAN YOUR NATIVE LANGUAGE (RATE YOURSELF GOOD, FAIR, POOR)

LANGUAGE	READING	WRITING	SPEAKING

11. PREVIOUS COLLEGES AND UNIVERSITIES ATTENDED

INSTITUTION	LOCATION	MAJOR	DEGREE	FROM	TO

CUMULATIVE UNDERGRADUATE GPA _____ IN MAJOR (IF KNOWN) _____

12. PROFESSIONAL, BUSINESS, RESEARCH & TEACHING POSITIONS

INSTITUTION/COMPANY	LOCATION	POSITION/TITLE	DATES EMPLOYED

13. RECOMMENDATIONS

NAMES OF PERSONS WHO WILL SUBMIT LETTERS OF RECOMMENDATION ON YOUR BEHALF

NAME	TITLE	INSTITUTION

14. ACADEMIC AWARDS (SUBMIT ADDITIONAL LIST IF NECESSARY) _____

15. PUBLICATIONS (SUBMIT ADDITIONAL LIST IF NECESSARY) _____

16. RESEARCH INTERESTS (BRIEFLY DESCRIBE YOUR RESEARCH INTERESTS, SUBMIT ADDITIONAL LIST IF NECESSARY)

17. PLEASE LIST ALL OTHER GRADUATE AND PROFESSIONAL SCHOOLS TO WHICH YOU ARE APPLYING
(THIS LIST WILL NOT PREJUDICE ADMISSION)

_____	_____
_____	_____
_____	_____

18. IF KNOWN, PLEASE INDICATE THE NAMES OF THE FACULTY WITH WHOM YOU ARE INTERESTED IN WORKING.

INSTRUCTIONS FOR SUBMITTING THIS FORM

IF YOU SUBMIT AN ONLINE FORM **DO NOT** SEND US AN ADDITIONAL PAPER COPY OF THE FORM--THIS MAY CREATE A DUPLICATE CASE FOR YOU AND DELAY OUR ADMISSIONS PROCESS.

PLEASE DO NOT SUBMIT MORE THAN ONE FORM FOR THE SAME PROGRAM--IF YOUR INFORMATION CHANGES, PLEASE CONTACT THE ADMISSIONS OFFICE AT (617) 552- 3265.

ALL ADDITIONAL APPLICATION MATERIALS MUST BE MAILED TO THE FOLLOWING ADDRESS TO BE ADDED TO YOUR APPLICATION FILE:

BOSTON COLLEGE GRADUATE SCHOOL OF ARTS & SCIENCES
ADMISSIONS PROCESSING CENTER
P.O. BOX 229
RANDOLPH, MA 02368-9998

I VERIFY THE INFORMATION IN THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE
