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 ____________ ____________ ____________ ____________ ____________

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 (including Indian subcontinent and Philippines)  □ Yes □ No
      Which best describes your background?
      □ China
      □ India
      □ 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)

<table>
<thead>
<tr>
<th>LANGUAGE</th>
<th>READING</th>
<th>WRITING</th>
<th>SPEAKING</th>
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11. PREVIOUS COLLEGES AND UNIVERSITIES ATTENDED

<table>
<thead>
<tr>
<th>INSTITUTION</th>
<th>LOCATION</th>
<th>MAJOR</th>
<th>DEGREE</th>
<th>FROM</th>
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CUMULATIVE UNDERGRADUATE GPA _________________  IN MAJOR (IF KNOWN) _________________

12. PROFESSIONAL, BUSINESS, RESEARCH & TEACHING POSITIONS

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<tr>
<th>INSTITUTION/COMPANY</th>
<th>LOCATION</th>
<th>POSITION/TITLE</th>
<th>DATES EMPLOYED</th>
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13. RECOMMENDATIONS

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

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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 __________________________