SUPPLEMENTARY INFORMATION FORM

BOSTON COLLEGE

WILLIAM F. CONNELL SCHOOL OF NURSING
APPLICATION PROCESSING CENTER
PO BOX 225
RANDOLPH, MA 02368-9998
(617) 552-4928

TO BE COMPLETED BY APPLICANT

This form is provided for the rare cases when an applicant needs to submit supplementary information. These cases are unusual, but should you need to submit additional information not requested on the application form, please include a copy of this form.

Please mail completed form to the Application Processing Center (see address above).

Social Security Number ☐☐☐ ☐☐ ☐☐☐☐

Name Date of Birth

LAST FIRST M.I. MONTH DAY YEAR

EQUAL OPPORTUNITY

Boston College is committed to providing equal opportunity in education and in employment regardless of race, sex, marital or parental status, religion,age, national origin or physical/mental handicap. As an employer, Boston College is in compliance with the various laws and regulations requiring equal opportunity and affirmative action in employment, such as Title VII of the Civil Rights Act and Federal Executive Order #11246. Boston College's policy of equal education opportunity is in compliance with the guidelines and requirements of Title VI of the Civil Rights Act, Title IX of the Higher Education Amendments Act of 1972, and Section 504 of the Rehabilitation Act of 1973.