

Note to Applicants:

Eligibility is restricted to students completing their junior year in high school. A complete application consists of the following:

1. Student application form, completed by the applicant, signed by a parent of guardian, and returned with \$25 non-refundable application fee. Check or money order should be made payable to Boston College.
2. Transcript and PSAT/SAT scores. You must request that these be sent directly to the Summer Session by your school.
3. The recommendation form completed by your principal or guidance counselor.

All materials should be sent to Summer Session, Boston College, Chestnut Hill, MA 02467.

Name _____
Last First Middle Social Security Number

Home Address _____
Number Street City State Zip

Telephone Number _____ e-mail _____

Birth Date _____ Sex _____

Name of current high school _____

Address _____

Father _____ Mother _____
Name Name

Address if different from above _____ Address if different from above _____

Telephone _____
Business Home Business Home

In case of emergency, name of parent of guardian to be contacted _____

Indicate how you learned about the Boston College Experience: _____

Enter the courses for which you would register: _____
Course Number Course Number

Please provide a brief paragraph about experiences and achievements that are particularly important to you and may not be apparent from your high school transcripts. You may attach a separate page.

Agreement of Applicant

If selected, I agree to conform to the academic and social regulations of the Boston College Experience. I understand that failure to abide by these academic and social regulations may lead to dismissal.

Signature of Applicant

Date

Parental Approval

Permission is granted for _____
Name of applicant Son/Daughter/Ward

to participate, if selected, in the Boston College Experience program. I understand the necessity for his/her conformity to the academic and social regulations of the Boston College Experience and the consequences of failure to comply. I also consent to routine treatment at the Boston College Health Service or hospital should he/she become ill or injured.

Signature of Parent or Guardian

Date