

School of Education  
 Graduate Admissions Office  
 Two Silber Way, Room 124  
 Boston, MA 02215  
 Phone: 617-353-4237  
 Fax: 617-353-8937  
 E-mail: sedgrad@bu.edu



## APPLICATION FOR 16 CREDIT CERTIFICATE PROGRAMS

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**Name:** \_\_\_\_\_  
   Last/Family  First  Middle  Maiden

**Boston University Identification Number (UID)-if known:** \_\_\_\_\_

**Certificate Program:** *Please select the program for which you would like to apply.*

- \_\_\_\_\_ Instructional Technology
- \_\_\_\_\_ Literacy Intervention in Grades 3-6: A Program for Literacy Leaders
- \_\_\_\_\_ Physical Education, Health Education, and Coaching (all online)
- \_\_\_\_\_ Program Planning, Management, Monitoring, and Evaluation
- \_\_\_\_\_ Teaching of English to Speakers of Other Language (TESOL)
- \_\_\_\_\_ Teaching of English as a Second Language, PreK-6

**Start Term:** *Please select the term for which you plan to start the certificate program.*

- \_\_\_\_\_ Summer 20 \_\_\_\_\_
- \_\_\_\_\_ Fall 20 \_\_\_\_\_
- \_\_\_\_\_ Spring 20 \_\_\_\_\_

**Current Address:**

\_\_\_\_\_ Street \_\_\_\_\_ Apartment

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country

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**Permanent Address:** *Only include your permanent address if it is different from your Current Address.*

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Street	Apartment		
City	State	Zip Code	Country

**Email Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Gender:**  Male  Female

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Citizenship:**  U.S. Citizen  U.S. Permanent Resident  International

**If you are not a US Citizen or Permanent Resident, what type of visa do you currently hold?**

*Please note, students in the 16 credit certificate programs do not meet the requirements for a full-time student visa.*

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**Ethnicity (optional):**

African American/Black

Latino/Hispanic

American Indian/Alaska Native

Native Hawaiian/Pacific Islander

Asian

Other

White

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**Academic History**

*Please provide information on all of the institutions you have attended since high school. If you need additional space, please upload an attachment with the required information.*

**Undergraduate Degree:**

Name of Institution: \_\_\_\_\_

Location of Institution (City/State/Country): \_\_\_\_\_

Degree Received/Expected: \_\_\_\_\_

Date of Degree Conferral: \_\_\_\_\_

Major: \_\_\_\_\_

**Graduate Degree:**

Name of Institution: \_\_\_\_\_

Location of Institution (City/State/Country): \_\_\_\_\_

Degree Received/Expected: \_\_\_\_\_

Date of Degree Conferral: \_\_\_\_\_

Major: \_\_\_\_\_

**Other Degree:**

Name of Institution: \_\_\_\_\_

Location of Institution (City/State/Country): \_\_\_\_\_

Degree Received/Expected: \_\_\_\_\_

Date of Degree Conferral: \_\_\_\_\_

Major: \_\_\_\_\_

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**Other Degree:**

Name of Institution: \_\_\_\_\_

Location of Institution (City/State/Country): \_\_\_\_\_

Degree Received/Expected: \_\_\_\_\_

Date of Degree Conferral: \_\_\_\_\_

Major: \_\_\_\_\_

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**Additional Documents**

**Statement of Purpose:**

All applicants must submit a Statement of Qualifications and Objectives in 200-400 words. Please attach your statement to this application form.

**Resume:**

All applicants must submit a resume. Please attach your resume to this application form.

**Standardized Tests (if required, please see website):**

Test scores must be sent to the Graduate Admissions Office directly from the testing agency. To see which standardized tests, if any, are required for your certificate program, please visit our website.

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**In order to submit your application, you must agree to the following statement by signing the bottom of the application.**

I attest that all information contained in this application is complete, factually correct, and honestly prepared. I understand that my application may be void or rescinded if any information submitted proves incomplete, not factually correct, or not honestly prepared. If I am accepted, my enrollment may be void or rescinded.

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Signature

Date