



Application for Teaching Africa Teacher Certificate Program

Personal Information

Salutation _____ Name _____
LAST/FAMILY FIRST MIDDLE SUFFIX

Previous name(s) (i.e. maiden name) _____

Boston University Identification Number (UID), if applicable _____

Gender ___ Male ___ Female Date of Birth _____
MONTH/DAY/YEAR

Citizenship ___ U.S. citizen ___ U.S. permanent resident ___ All others

Country of citizenship _____
ALL NON-U.S. CITIZENS MUST INDICATE A COUNTRY OF CITIZENSHIP

Ethnicity

Are you Hispanic/Latino? _Yes___ No

Race(s) (Select all that apply from the following groups)

- ___ African American or Black
- ___ American Indian or Alaska Native
- ___ Asian
- ___ Native Hawaiian/Pacific Islander
- ___ Caucasian
- ___ Decline to Respond

Start Term

___ Summer 20 ___

___ Fall 20 ___

___ Spring 20 ___

Address Information

Email address _____

Permanent address _____
STREET

CITY STATE ZIP CODE COUNTRY

Present address (if different from permanent address) _____
STREET

CITY STATE ZIP CODE COUNTRY

Present until _____
MONTH/DAY/YEAR

Mobile phone _____

Educational Background

Please provide information on all of the institutions you have attended since high school.

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(s)

Name of Institution _____

Location of Institution (City/State/Country) _____

Degree Received/Expected _____

Date of Degree Conferral _____

Major _____

Additional Information

Only students who have successfully completed a B.A. or are in the process of completing a B.A. will be considered as applicants.

For those who are still working on their undergraduate studies, the Teaching Africa Certificate will be awarded after the successful completion of all B.A. graduation requirements.

Courses and workshops taken in the past three years are eligible for credit in the Teaching Africa Teacher Certification Program. Please contact the Program Administrator at bmellio@bu.edu for more information.

Supplemental Application Materials

*Personal Statement (1000 word limit)**

All applicants must submit a Personal Statement of no more than 1000 words. The statement should describe your interest in the program and any relevant experience.

*Resume/CV**

*English proficiency exam results, if necessary**

*These materials should be submitted via email to the Program Administrator at bmellio@bu.edu.

Official transcripts from the highest degree conferred

Transcripts should be sent directly to the following address:

Outreach Program

Boston University African Studies Center

232 Bay State Road

Boston, MA 02215

Certification

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.

SIGNATURE

DATE