Name: _______________________________________________________________________________________

LAST     FIRST      M IDDLE

Social Security Number (if applicable): † † † - † † † - † † † † †

Gender: ☐ Female ☐ Male Date of Birth: ________________________________

YEAR              DAY                 MONTH

Home Phone Number: ___________________________ Cellular Phone Number: ____________________________

Fax Number: _____________________________ Email Address: ________________________________________

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Other _____________________________

Ethnicity (optional): _____________________________________________________________________________

International Information

Country of Citizenship: __________________ Country of legal permanent residence: __________________________

Current US Visa holder, please indicate type and status: _______________________________________________

<table>
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<tr>
<th>TYPE</th>
<th>STATUS</th>
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Addresses

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<tr>
<th>Addresses</th>
<th>Phone Number</th>
<th>Effective Until</th>
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<tr>
<td>Permanent</td>
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Program Applying To

Application Date: ________________________________

Semester: ☐ Fall ☐ Spring ☐ Summer Year: ____________________________

Program: ☐ Diploma in Banking and Financial Services

☐ Diploma in International Marketing

☐ Certificate in Project Management

☐ Diploma in Sustainable Economic Development via Tourism

Educational Background

Undergraduate Cumulative Average: ____________________ Graduate Cumulative Average: ____________________

Undergraduate

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Location</th>
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</table>

Degree Awarded Major Field of Study

Dates Attended Expected Graduation Date
Graduate

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<th>Name of Institution</th>
<th>Location</th>
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<th>Degree Awarded</th>
<th>Major Field of Study</th>
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<table>
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<tr>
<th>Dates Attended</th>
<th>Expected Graduation Date</th>
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**Employment**

Please submit a current resume

<table>
<thead>
<tr>
<th>Employer</th>
<th>Address</th>
<th>Job Title</th>
<th>Employment Type</th>
<th>Full time or Part Time</th>
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</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Dates of Employment</th>
<th>Industry Type</th>
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<thead>
<tr>
<th>Reason for Leaving</th>
<th>Salary Starting – Ending</th>
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<tr>
<th>Type of Work or Activity</th>
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Employer

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<thead>
<tr>
<th>Address</th>
<th>Job Title</th>
<th>Employment Type</th>
<th>Full time or Part Time</th>
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<tbody>
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<tr>
<th>Type of Work or Activity</th>
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</table>

**Test Information**

- [ ] TOEFL

  Date Taken/Date planned to take: ______________________________ Score: ____________________________

**Additional Questions:**

1) How did you hear about this program? _______________________________________________________

2) Please list languages spoken: ______________________________________________________________

3) Describe use of English professionally: e.g. Fluent _________________________________________

4) List global/international teams worked on previously: ______________________________________
Personal Statement of Interest

On a separate sheet of paper, please answer the following questions describing your personal and professional reasons for pursuing the Diploma Program.

1. Please describe your reasons for pursuing the Diploma Program. How will this program fit into your long-term academic and professional goals?
2. Given that this program makes use of the case-study method of instruction, what unique role do you think you can play in the classroom?
3. Have you ever previously studied or worked abroad? When and where?

Letters of Recommendation

Please submit 2 letters of recommendation from either professors or employers. The letters should address your ability to succeed in graduate school and the contributions you will make in the classroom.

I certify that the information above is complete and correct to the best of my knowledge and that I am the original author of any information that is directly requested of me. I understand that my acceptance and matriculation may be cancelled if any information in support of my application is found to be false.

Signature: ___________________________                      Date: __________________

Credit Card Information

Please complete this form with your application to ensure that your account is properly credited. The application fee is nonrefundable.

I authorize Boston University to charge my credit card the application fee of $70.

- [ ] Visa     - [ ] Mastercard    - [ ] Discover

Account Number: ____________________________________________

Cardholder Name: __________________________________________

Expiration Date: __________________________________________

Authorized Signature: ______________________________________


To the Applicant: Please complete the information requested below. Give this form to your college or university registrar in time to be included with your application.

Name of Applicant: _____________________________________________________________________________

Current Address: _______________________________________________________________________________

Current Phone Number: __________________________________________________________________________

School: _______________________________________________________________________________________

Dates of Enrollment: ______________________________Degree/Year: ___________________________________

I hereby authorize the release of a transcript of my academic record to Boston University Global.

Signature: _________________________________________                 Date: ______________________________

To the Registrar: The person whose name appears above is applying for admission to Boston University Global. We ask that you enclose this form with an official copy of the applicant’s academic transcript and an explanation of your grading system. Please seal the envelope and sign across the seal, and then return it to the applicant, who will submit it unopened to Boston University. We also request for an English translation if it is not in English. Thank you very much for your help.
To the Applicant: This recommendation will become part of your admissions file. It will not be disclosed to any unauthorized individual without your consent. If you matriculate at Boston University, you will be accorded access to its contents unless you voluntarily waive your right of access. Please check one of the options below, and fill in your name, program, signature, and the date.

I have read the information above and hereby □ waive □ do not waive my right of access to this document should I matriculate at Boston University.

Name: ____________________________________________
LAST        FIRST        MIDDLE
Signature:  _________________________________________                 Date: ______________________________

Program Applying to:
☐ Diploma in Banking and Financial Services
☐ Diploma in International Marketing
☐ Certificate in Project Management
☐ Diploma in Sustainable Economic Development via Tourism

To the Evaluator: The person whose name appears above has applied for admission to a graduate program at Boston University Metropolitan College. The Admissions Committee attaches great weight to an applicant’s qualifications that are not adequately reflected in past academic records. Therefore, a personal, frank assessment of the applicant is invaluable to the Admissions Committee.

Under the 1974 Family Educational Rights to Privacy Act, the applicant named above will have access to this recommendation unless he/she has waived that right.

Letter of Recommendation

Your Name: ____________________________________________ Email Address: _______________________________
Position and Title: _____________________________________________________________
Organization/Company Name: ________________________________________________________
Address: _______________________________________________________________________
Daytime Telephone Number: _______________________

Important Notice: Boston University Metropolitan College permits applicants to submit supporting documents, such as your recommendation, along with the application. With this in mind, we ask that you please return your recommendation to the applicant in an envelope, making certain to sign and seal the back of the envelope. However, if you would rather submit the recommendation form directly to the applicant’s program, it can be mailed in a signed and sealed envelope to the program of application at Boston University Global, Admissions Committee
755 Commonwealth Avenue B18 Boston, MA 02215

1. How long have you known the applicant?

2. Under what circumstances have you known the applicant?
3. Are you familiar with the applicant’s scholastic record? □ Yes □ No If yes, is the scholastic record an accurate index of the applicant’s academic ability? □ Yes □ No Please explain (use separate sheet if necessary):

4. What are the applicant’s main strengths?

5. What are the applicant’s main liabilities or weaknesses?

6. How well does the applicant communicate orally and in writing? (If English is not the applicant’s native language, how would you rate his/her oral and written proficiency in English?)

7. Please assess the applicant’s analytical skills.

<table>
<thead>
<tr>
<th>Unable to Judge</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Outstanding</th>
<th>Exceptional</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

8. On the scale below, please compare the applicant’s intellectual ability with that of others of the same general background whom you have known during your professional career. Please indicate the reference group (students, employees, and so on).

<table>
<thead>
<tr>
<th>Unable to Judge</th>
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<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

9. The Admissions Committee would appreciate any additional statement you may wish to make concerning the applicant’s capacity for graduate study and his/her potential for a responsible and successful professional career.

10. Summary evaluation:

□ I do not recommend this applicant for admission.
□ I feel that the applicant’s qualifications are marginal, but if admitted, the applicant would greatly benefit from study in the program.
□ I recommend this applicant for admission and feel his/her performance should be comparable to that of most graduate students.
□ I strongly recommend this applicant for admission and feel that he/she has the capability to perform at a superior level.

Thank you for your cooperation and effort in providing this information.
Signature: ____________________________ Date: ____________________________

Boston University’s policies provide for equal opportunity and affirmative action in employment and admission to all programs of the University.
To the Applicant: This recommendation will become part of your admissions file. It will not be disclosed to any unauthorized individual without your consent. If you matriculate at Boston University, you will be accorded access to its contents unless you voluntarily waive your right of access. Please check one of the options below, and fill in your name, program, signature, and the date.

I have read the information above and hereby [ ] waive [ ] do not waive my right of access to this document should I matriculate at Boston University.

Name: _______________________________________________________________________________________
LAST     FIRST      MIDDLE
Signature:  _________________________________________                 Date: ______________________________
Program Applying to:
[ ] Diploma in Banking and Financial Services
[ ] Diploma in International Marketing
[ ] Certificate in Project Management
[ ] Diploma in Sustainable Economic Development via Tourism

To the Evaluator: The person whose name appears above has applied for admission to a graduate program at Boston University Metropolitan College. The Admissions Committee attaches great weight to an applicant’s qualifications that are not adequately reflected in past academic records. Therefore, a personal, frank assessment of the applicant is invaluable to the Admissions Committee.

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Letter of Recommendation
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7. Please assess the applicant’s analytical skills.
   Unable to Judge    Poor    Average    Good    Outstanding    Exceptional
   □                  □            □             □                □

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   Unable to Judge    Poor    Average    Good    Outstanding    Exceptional
   □                  □            □             □                □

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   □ I strongly recommend this applicant for admission and feel that he/she has the capability to perform at a superior level.

   Thank you for your cooperation and effort in providing this information.
   Signature: ____________________________  Date: ____________________________

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BU Global Graduate Programs  
Estimated Expenses 2007/2008

BU Global announces the breakdown of estimated expenses for all Graduate Diploma and Certificate programs for the upcoming 2007-08 Academic Year. **International Students** must provide a Financial Statement from a financial institution demonstrating the availability of funds to cover the following expenses. This will permit us to issue an I-20, allowing the student to initiate his/her student visa application process.

<table>
<thead>
<tr>
<th></th>
<th>Diploma</th>
<th>Certificate</th>
<th>Internship</th>
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</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$12,500</td>
<td>$8,300</td>
<td>$2,660</td>
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<tr>
<td>Application Fee</td>
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<td>$70</td>
<td>n/a</td>
</tr>
<tr>
<td>Registration Fee</td>
<td>$40</td>
<td>$40</td>
<td>$40</td>
</tr>
<tr>
<td>Rent and Food</td>
<td>$4,750</td>
<td>$4,075</td>
<td>$4,750</td>
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<tr>
<td>Personal</td>
<td>$800</td>
<td>$700</td>
<td>$800</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$18,160</strong></td>
<td><strong>$13,185</strong></td>
<td><strong>$8,250</strong></td>
</tr>
</tbody>
</table>

For more information about our Graduate Diploma and Certificate programs, please contact:

**Neus Codina**  
Manager of Admissions and Student Services  
Phone: (617) 358 2599  
E-mail: ncodina@bu.edu