



Boston University Metropolitan College

Certificate Program in Culinary Arts Application for Admission

Please complete this application and return with an application fee of \$50. Make checks payable to Boston University. THIS FEE IS NON-REFUNDABLE.

Date of Application _____ For FALL SPRING Year: _____

Name _____
Last First Middle

Address _____
Street Apartment

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Email _____

D.O.B. _____ Sex _____

Academic Record

Please list all schools, colleges, and special programs attended (include high school) in chronological order.

School	Major/Nature of Program	Attendance To/From	Grad. Date	Degree/Certificate Earned

Employment Record

Beginning with most recent, list the last four positions held.

Position Held	Dates To/From	Name of Employer

Please be sure to complete this page. You may attach additional pages if necessary.

1. What do you expect to gain from your experience at Boston University? What are your professional goals in the culinary world?

2. Describe your personal background and community experience.

3. Please provide three references; at least one must be related to your experience in the food world.

Name	Address	Daytime Phone
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*Submit form and materials to:
Boston University Metropolitan College
Certificate Program in Culinary Arts
808 Commonwealth Avenue
Boston, MA 02215
617-353-9852*