

**Boston University
Metropolitan College
Certificate Program in the Culinary Arts**

APPLICATION FOR ADMISSION

Please complete this application and return with an application fee of \$50.00. Make checks payable to Boston University. THIS FEE IS NON-REFUNDABLE.

DATE OF APPLICATION _____ **FOR: FALL / SPRING YEAR:** _____
Circle One

NAME _____
Last First Middle

ADDRESS _____
Street Apartment

City State Zip

DAY PHONE _____ **EVENING PHONE** _____

EMAIL _____

U.S. SOCIAL SECURITY # _____ **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, one of which must be related to your experience in the food world.

REFERENCES

Name

Address

Daytime Phone

Submit form and materials to:

Boston University, Metropolitan College
Special Programs
808 Commonwealth Avenue
Boston, MA 02215
617-353-9852