Boston University
Department of Literacy and Language, Counseling and Development

Certificate Program
Literacy Intervention: A Program for Literacy Leaders

Application

Name _____

School _____

Address _____
street city state zip code

Telephone _____ E-mail address _____

Professional responsibility _____ Grade level(s)_____

Home address _____
street city state zip code

Personal e-mail address _____

Education

Undergraduate_____
Institution Degree Major Year

Graduate _____
Institution Degree Major Year

Professional Development Courses in Reading/Literacy
(For each course, list the title, the institution or sponsoring agency, and the year the course was taken.)

_____

_____

_____

Please attach: A statement that describes your purpose for enrolling in the Certificate Program and a current resume.

The application and attachments may be sent:
by email to: Ms. Evelyn Ford-Connors (econnors@bu.edu) or
by mail to Ms. Evelyn Ford-Connors
Boston University
Two Sherborn Street
Boston, MA 02215