



**Boston University** Frederick S. Pardee School of Global Studies  
 African Studies Center  
 232 Bay State Road, Boston, MA 02215  
[bu.edu/africa](http://bu.edu/africa) | T 617-353-3673

## Application for Teaching Africa Certificate Program

---

### Personal Information

Salutation \_\_\_\_\_ Name \_\_\_\_\_  
LAST                      FIRST                      MIDDLE                      SUFFIX

Previous name(s) (i.e. maiden name) \_\_\_\_\_

Boston University Identification Number (UID), if applicable \_\_\_\_\_

Gender \_\_\_ Male \_\_\_ Female \_\_\_ Other. If other, what pronoun(s) do you use? \_\_\_\_\_

Date of Birth \_\_\_\_\_  
MONTH/DAY/YEAR

Application Date \_\_\_\_\_  
MONTH/DAY/YEAR

Anticipated Start Date  
\_\_\_\_\_ Summer 20\_\_\_\_\_  
\_\_\_\_\_ Fall 20\_\_\_\_\_  
\_\_\_\_\_ Spring 20\_\_\_\_\_

Do you anticipate transferring credits from workshops and graduate courses completed in the last three years? \_\_\_ Yes \_\_\_ No

Are you a current licensed teacher? \_\_\_ Yes \_\_\_ No. If yes, in what state? \_\_\_\_\_

Do you currently teach at an educational institution? \_\_\_ Yes \_\_\_ No

If yes, what is your field/grade level? \_\_\_\_\_

## Address Information

Email address \_\_\_\_\_

Alternative email address \_\_\_\_\_

Permanent address \_\_\_\_\_

STREET

CITY

STATE

Zip Code

COUNTRY

Current address (if different from permanent address) \_\_\_\_\_

STREET

CITY

STATE

Zip Code

COUNTRY

Current 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) \_\_\_\_\_

Check \_\_\_\_\_ Degree Received \_\_\_\_\_ Degree Expected \_\_\_\_\_

Degree Title \_\_\_\_\_

Date of Degree Conferral (if applicable) \_\_\_\_\_

MONTH / YEAR

Major \_\_\_\_\_

### Graduate Degree

Name of Institution \_\_\_\_\_

Location of Institution (City, State, Country) \_\_\_\_\_

Check \_\_\_\_\_ Degree Received \_\_\_\_\_ Degree Expected \_\_\_\_\_

Degree Title \_\_\_\_\_

Date of Degree Conferral (if applicable) \_\_\_\_\_

MONTH / YEAR

Major/Specialization \_\_\_\_\_

## **Additional Information**

Only participants 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 [africa@bu.edu](mailto:africa@bu.edu) for more information.

## **Supplemental Application Materials**

1. Personal Statement (1000 word limit)\*
2. 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.
3. Resume/CV\*
4. Official transcripts (electronic or paper) from the highest degree conferred
5. English proficiency exam results, if necessary\*

\*These materials should be submitted via email to the Program Administrator at [africa@bu.edu](mailto:africa@bu.edu)

If submitting paper transcripts, transcripts should be sent directly to the following address:

K-16 Education 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