



Boston University Metropolitan College

# Professional Pastry Program 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  SPRING Year: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Apartment

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

D.O.B. \_\_\_\_\_ Sex \_\_\_\_\_ Citizenship Status \_\_\_\_\_

## 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
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## Employment Record

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

Position Held	Dates To/From	Name of Employer
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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 pastry world?

2. Describe your personal background and community experience.

3. Explain why you want to enter or further your training in the food service/pastry field.

4. 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  
tel: 617-353-9852 email: lfalso@bu.edu*