



BOSTON ARCHITECTURAL COLLEGE

APPLICATION for ADMISSION – Practicing Professionals Distance M.Arch.

Please answer all questions and print clearly. A non-refundable application fee of \$50 is also required.

1. THE DEGREE PROGRAM TO WHICH I AM APPLYING IS:

Practicing Professionals Distance Master of Architecture

I am applying for a program other than the Practicing Professionals Distance Master of Architecture.

Please write in the name of the program to which you are applying: _____

2. ENTERING IN:

Fall 200

Spring 200

3. I am an international student: Yes No

PERSONAL INFORMATION

4. _____
LAST NAME FIRST NAME MIDDLE INITIAL

5. _____
(CURRENT ADDRESS) STREET CITY STATE ZIP COUNTRY

6. _____
(PERMANENT ADDRESS) STREET CITY STATE ZIP COUNTRY

7. _____
PHONE NUMBER EMAIL ADDRESS

8. _____
DATE OF BIRTH – MO / DAY / YR PLACE OF BIRTH

9. GENDER: MALE FEMALE

10. _____
ETHNICITY (for reporting purposes only)

11. _____
SOCIAL SECURITY NUMBER

12. _____
COUNTRY OF CITIZENSHIP PRIMARY LANGUAGE

13. _____
UNITED STATES CITIZEN or PERMANENT RESIDENT/ REGISTRATION NUMBER

14. How did you hear about the Distance M.Arch program? _____

15. Are you applying for financial aid? Yes No

(if “yes,” please complete the federal form for financial aid, the FAFSA, found online at www.fafsa.ed.gov)

EDUCATIONAL INFORMATION

If the name (e.g. maiden name) that appears on any of your previous academic records differs from the name on this application, please so indicate:

16. _____
HIGH SCHOOL ATTENDED CITY STATE GRADUATION YEAR

17. Please list all colleges/universities, other post-secondary educational schools, and English language programs you have ever attended, or are attending, beginning with the most recent:

COLLEGE/UNIVERSITY DATES ATTENDED MAJOR DEGREE RECEIVED

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18. Do you currently work in architecture or design? ___ Yes ___ No

19. Please list previous employment in the profession, starting with the most recent:

EMPLOYER CITY & STATE POSITION DATES

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20. Have you previously enrolled in any courses at the BAC? ___ Yes ___ No

21. Are you submitting your portfolio with this application (a portfolio is REQUIRED for acceptance into the Distance M.Arch)? ___ Yes ___ No

22. To what other schools are you applying? _____

23. I certify that the information provided on this application is accurate to the best of my knowledge. I understand that any misrepresentation may be cause for denial of my application for admission or dismissal from the Boston Architectural College.

SIGNATURE

DATE

The Boston Architectural College does not discriminate on the basis of race, color, ancestry, national or ethnic origin, religion, creed, sex, affectional/sexual orientation, veteran status, or disability in any of its policies, procedures, or practices. This non-discrimination policy covers admission, scholarship and loan programs, employment, membership, and access to its educational and other school-administered programs and activities.

320 Newbury Street Boston MA 02115 617 585-0123 or 877 585-0100 admissions@the-bac.edu July 2006