

**ELIGIBILITY**

Students must be between the ages of 15–18 years of age to apply. It is the responsibility of the student to secure the appropriate visa and living arrangements to visit the United States and attend the full 4-week program.

**TO REGISTER**

Complete this form and return with the following:

- Full payment of \$1,550 in U.S. dollars. The BAC accepts money orders, checks, or credit cards.
- A signed letter of recommendation, written in English, by a teacher or guidance counselor.
- Official TOEFL score report (minimum scores of: 79 internet-based, 213 comp-based, and 550 written are required).

**APPLICATION DEADLINE**

To be considered for the program and ensure all application materials are in place, completed applications must be received by the BAC Continuing Education Office by 5pm on May 1, 2009.

**Please note:** scholarship opportunities are not available to international students at this time.

**REFUNDS AND CANCELLATIONS**

Refunds must be requested in writing and will be processed according to the Continuing Education refund policy. Please refer to the current catalog or [www.the-bac.edu/ce](http://www.the-bac.edu/ce) for details.

**CONTACT INFORMATION**

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

COUNTRY: \_\_\_\_\_

PARENT/GUARDIAN PHONE (INCLUDING COUNTRY CODE): \_\_\_\_\_

STUDENT PHONE (INCLUDING COUNTRY CODE): \_\_\_\_\_

PARENT/GUARDIAN EMAIL: \_\_\_\_\_

STUDENT EMAIL: \_\_\_\_\_

SCHOOL CURRENTLY ATTENDING: \_\_\_\_\_

I understand all of the rules regarding registration, fees, and refunds:

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

TYPE OF CREDIT CARD: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

NAME OF CARDHOLDER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

SIGNATURE OF CARDHOLDER: \_\_\_\_\_

How did you hear about the BAC Summer Academy?

\_\_\_\_\_

<b>OFFICE USE ONLY</b>	MC/VISA/AMEX/DISCOVER ACCEPT CODE AP#	_____
	CASH/MONEY ORDER/CHECK RECEIPT #	_____
	ADINQ	STUMAS
	TUITION ASSESSED	ENROLLMENT
	BILLING	LATE FEE
	DISCOUNT	TOTAL \$

**MAIL OR FAX FORM TO** **BOSTON ARCHITECTURAL COLLEGE**  
 Attention: Continuing Education  
 320 Newbury Street Boston, MA USA 02115  
 fax +1 (617) 585-0121 (if paying by credit card)