

Application Form (continued)

Academic History

Most recent college attended	State/Country	Dates	Degree & Subject
Other higher education, if applicable	State/Country	Dates	Degree & Subject
Other education, if applicable	State/Country	Dates	Degree & Subject
High School or GED	State/Country	Dates	

Employment (Please attach a resume)

Current employer	Dates of employment	Position
Employer's address		Telephone number

State your objectives for enrolling in this program:

Signature

Date

This form should be returned to the Center for Professional Education by faxing it to 617-353-4494, or mailing it to 1010 Commonwealth Ave., 2nd Floor, Boston, MA 02215, or emailing cpe@bu.edu.

To test for the Interpreter Program, you must submit this application, pay \$50 for the testing fee, and register for a testing date (available on our website). Call 617-353-4497 for more information and to arrange to take the test.

For Office Use Only
_____ Community
_____ Legal
_____ Medical