Application for the African Studies Center Teaching Africa Certificate Program

* Required

Boston University Frederick S. Pardee School of Global Studies
African Studies Center

1. Full Name *

    _____

2. Previous name(s) (i.e. maiden name), if applicable

    _____

3. Boston University Identification Number (UID), if applicable

    _____

4. Do you have a current or previous affiliation with Boston University? *

    Mark only one oval.

    ( ) yes

    ( ) no

5.   Gender *

Check all that apply.

☐ Male

☐ Female

Other: ☐ _____

6.   If you checked other, what pronoun(s) do you use? *

_____

7.   Date of Birth (This information is used to open a BU library account on your behalf) *

_____

Example: January 7, 2019

8.   Anticipated Start Date *

Please provide the term and year (e.g. Summer 2021).

_____

9.   Email address *

_____

10. Permanent address *

Please include the following: street, city, state, zip code, an country.

_____

_____

_____

_____

_____

11. Current address (if different from permanent address) *

Please include the following: street, city, state, zip code, an country.

_____

_____

_____

_____

_____

12. Current until *

_____

Example: January 7, 2019

13. Mobile Phone *

_____

14. Name of Institution *

Undergraduate Degree

_____

15. **Location of Institution (City, State, Country)** *

Undergraduate Degree

_____

16. **Undergraduate Degree Status** *

Check all that apply.

☐ Degree Received
☐ Degree Expected

17. **Undergraduate Degree Title** *

_____

18. **Date of Undergraduate Degree Conferral (if applicable)**

Month/Year

_____

19. **Major** *

_____

20. **Name of Institution** *

Graduate Degree

_____

21. Location of Institution (City, State, Country) *

_____

22. Graduate Degree status *

Check all that apply.

☐ Degree Received
☐ Degree Expected

23. Graduate Degree Title *

_____

24. Date of Graduate Degree Conferral (if applicable) *
Month/Year

_____

25. Major/Specialization *

_____

26. Do you anticipate transferring credits from workshops and graduate courses completed in tl last three years? *

Mark only one oval.

◯ Yes

◯ No

Additional Information

Additional Information
Only students who have successfully completed a B.A. or are in the process of completing a B.A. will be considered as applica
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 fo
credit in the Teaching Africa Teacher Certification Program. Please contact the Program Administrator at africa@bu.edu for m
information.

Supplemental Application Materials
1. Personal Statement. 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. Please upload the Personal Statement to
this Application.
2. Resume/Curriculum Vitae (CV). Please upload your resume or Curriculum Vitae to this Application.
3. English proficiency exam results, if necessary. Please upload your English proficiency exam results to this Application, if
necessary.
4. Transcripts. Official transcripts from the highest degree conferred are required. Official transcripts should be submitted
electronically directly to africa@bu.edu or mailed directly to the following address:

Outreach Program
Boston University African Studies Center
232 Bay State Road
Boston, MA 02215

27. Application Date *

_____

Example: January 7, 2019

28. Please upload your Personal Statement of no more than 1,000 words, addressing your intere
     and background experience. *

     Files submitted:

29. Please upload your most recent Curriculum Vitae (CV) *

     Files submitted:

30. Please upload your English proficiency exam results (TOEFL or IELTS) if necessary.

     Files submitted:

Official Transcripts

Official transcripts from the highest degree conferred are required. Official transcripts should be be submitted electronically directly to africa@bu.edu or mailed directly to the following address:

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 attes 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.

31.   I agree to the terms and conditions *

Check all that apply.

☐ Yes, I agree

32.   Electronic Signature (Full Name) *

_____

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