

Dear Applicant:

Enclosed is an application form for CityLab Academy, a free two-semester degree-track academic and job skills program at the Boston University School of Medicine. It is an intensive program requiring a full commitment. Classes meet Monday through Thursday from 5:30 p.m. – 8:30 p.m. Classes are held from September to May.

CityLab Academy students take four courses that are part of a bachelor's degree program in biomedical science. The BU credits from these four courses enable CityLab Academy students to continue their college education here at Boston University or at another institution of higher education after completing the Academy program. Students in CityLab Academy also learn study and life skills that help them succeed in the program and prepare them for continuing college education and jobs in the biotechnology / biomedical field after graduation.

Please note that the successful Academy student has:

- Taken math and science classes within five years and has a GPA or 2.5 (C+) or higher
- Demonstrated commitment to a job or school
- Support systems in place so that sufficient time can be spent on studies

Application Steps

- Attend an Open House (highly recommended) and visit our website to learn about the program
- Download a math review booklet for test preparation from website
- Take a math entrance test (and pass with 80% or higher)
- Submit a completed application (download form from website)
- Interview with staff (after passing math test)
- Individuals accepted into the program will be required to:*
 - Attend one week of free laboratory math preparation in mid-August
 - Attend CityLab Academy orientation in late August
 - Submit vaccination documents (details will be provided to accepted students)

[CityLab Academy Website](http://www.bu.edu/CityLabAcademy)
[www.bu.edu/CityLab Academy](http://www.bu.edu/CityLabAcademy)

Dates for Open Houses and entrance tests will be posted on our website in late winter/early spring.

Application Checklist All of the following documents are required for admission

- Completed application form
- Typed Essay (1-2 pages). Your essay should address the following:
 - Explain why the CityLab Academy program and courses interest you.
 - Describe your interests in science. Then explain why you think your interests are a good match for CityLab Academy and the field of biomedical laboratory science.
 - Explain what you hope this program will allow you to achieve.

- Two recommendations (forms are attached with application)

Provide two professional recommendations. These can be from a science teacher, guidance counselor, or a work supervisor/ manager who knows you well and can comment on your suitability for an academic program. We do not accept recommendations by friends, acquaintances, family or co-workers.

- An official copy of your high school transcript (or GED). If you have attended college, also submit an official copy of your college transcripts. The transcripts must show the grades you received in the courses you took..

The application deadline is 3:00 pm on Thursday, June 28, 2012

Please keep this page for your records.



Application for Admissions 2012

**FOR OFFICE USE ONLY:
DO NOT WRITE IN THIS BOX**

Application received: _____ / _____ / _____
 Received by: _____

Passed math entrance test: ___ Yes ___ No
 Math Score: _____
 Interview Date: _____ / _____ / _____

Today's Date _____ Have you applied before? Yes No If yes, what year _____

1. Personal Information

First Name _____ Last (given/family) _____

Last 4 digits of Social Security # _____ I do not have a SS#

Date of Birth _____ Gender Male Female

Email Address _____

Home Phone _____ Cell Phone _____

Home Address _____ Apt No. _____

City _____ State _____ Zip _____

2. Visa Status

U.S. Citizen

Non- U.S. Citizen → Country of Citizenship: _____

Permanent Resident

Non-Resident → Type of Visa _____ Expiration Date _____

Authorization to work in USA _____ Expiration Date _____

3. Country of Origin

Country of Birth _____

If you come from another country, how long have you lived in the U.S.? _____

4. In Case of Emergency, Person to Contact

First Name _____ Last (given/family) _____

Relationship to applicant: _____ Telephone: _____

5. Educational Background

Highest level of education achieved: GED HS diploma College: Associates Bachelors Masters

High School Name: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Diploma received: Yes No Year of graduation: _____ Passed MCAS: Yes No Not relevant

SAT scores: Math _____ English _____ TOEFL Scores: _____

GED Institution Name: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Diploma received: Yes No Year started: _____ Year completed: _____

College Name: _____

City: _____ State: _____ Country: _____

2 Yrs 4 Yrs Certificate program Other

_____ Year started: _____ Year completed

Degree received: None Associates Bachelors Masters

Major field of study: _____

If you attended more than one college, complete the following

College Name: _____

City: _____ State: _____ Country: _____

2 Yrs 4 Yrs Certificate program Other

_____ Year started: _____ Year completed:

Degree received: None Associates Bachelors Masters

Major field of study: _____

Other Programs/Trainings/Certifications: _____

Name: _____

City: _____ State: _____ Zip Code: _____ Country: _____

_____ Year started: _____ Year completed

6. Employment /Job History You **must** complete this section even if you are submitting a resume

Start with your most recent job

1. Employer: _____ Job Title: _____

City: _____ State: _____ Country: _____

Full-time Part-time Dates of employment: from ____/____/____ to ____/____/____

Main responsibilities: _____

If no longer there, please state your reason for leaving: _____

2. Employer: _____ Job Title: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Full-time Part-time Dates of employment: from ____/____/____ to ____/____/____

Main responsibilities: _____

If no longer there, please state your reason for leaving: _____

3. Employer: _____ Job Title: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Full-time Part-time Dates of employment: from ____/____/____ to ____/____/____

Main responsibilities: _____

If no longer there, please state your reason for leaving: _____

7. Income Information

a) What is your current income?

- \$15,000 - \$20,000 \$20,000 - \$25,000 \$25,000 - \$30,000 \$30,000 - \$35,000
 \$35,000 - \$40,000 No income Other (please specify) _____

b) Number of people in your household (including yourself) _____.

c) What is your household income?

- \$15,000 - \$20,000 \$20,000 - \$25,000 \$25,000 - \$30,000 \$30,000 - \$35,000
 \$35,000 - \$40,000 No income Other (please specify) _____

8. How Did You Hear About CityLab Academy?

- Former CityLab Academy student - Name _____
- Friend/Relative Boston Banner Website/Internet Career Center
- Newspaper/Flyer Career Fair Boston PIC Community Organization
- Recruiter High School/Career Specialist Hospital/Medical Center
- Other _____

9. Demographics (For reporting purposes only)

Is English your primary language? Yes No If no, what is? _____

Ethnicity

- American Indian or Alaskan Native Asian
- Black or African American Cape Verdean
- Latino Native Hawaiian or Other Pacific Islander
- White (not of Hispanic origin) Other (please specify) _____

10) Entrance testing

Please check one of the following:

I have signed up for the math entrance test

I have taken the math entrance test

If you have not yet signed up for the test, visit www.bu.edu/CityLab Academy. Tests are scheduled monthly from April through June. Test dates are posted in late winter. After you have selected a test date, email medacad@bu.edu to sign up. You must sign up by email.

I certify that all information stated on this application is accurate.

I have reviewed the check list below and certify that the application is complete

Check list:

- application form
- two professional recommendations
- essay
- OFFICIAL transcripts from high school and college showing the grades you received for courses

PRINT NAME: _____

SIGNATURE: _____

TODAY'S DATE: _____

Before mailing! PLEASE STAPLE together the pages of your application- in correct order - with your essay

Mail or fax completed application to:
CityLab Academy
Boston University School of Medicine
801 Albany St. S-4
Boston, MA 02119
Fax (617) 638-5621

Boston University School of Medicine
CityLab Academy Applicant Recommendation

Name of applicant: _____

Name of Evaluator: _____

Relationship to applicant: _____

Your Institution: _____

Address: (Street) _____ Apt # _____

(City) _____ State _____ (Zip) _____

Work telephone: _____ Cell phone: _____

Email: _____

How long have you known the applicant? _____

Please rate the applicant on the characteristics listed below. Comments are welcome.

(E) excellent (G) good (F) fair (D) doubtful (P) poor (N) no basis for judgment

Dependability _____

Emotion stability/maturity _____

Laboratory skills _____

Motivation _____

Perseverance _____

Responsibility _____

Please write on the back of this page a brief statement about the applicant's major strengths & weaknesses as a potential student of CityLab Academy.

Your signature

Date

Please mail, fax or email to:
CityLab Academy
Boston University School of Medicine
801 Albany St. S-4 Boston, MA 02119

Tel. (617) 638-5664 Fax (617) 638-5621 Email: medacad@bu.edu

Boston University School of Medicine
CityLab Academy Applicant Recommendation

Name of applicant: _____

Name of Evaluator: _____

Relationship to applicant: _____

Your Institution: _____

Address: (Street) _____ Apt # _____

(City) _____ State _____ (Zip) _____

Work telephone: _____ Cell phone: _____

Email: _____

How long have you known the applicant? _____

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