

ADMISSIONS APPLICATION

Boston University Center for Digital Imaging Arts

Instructions

- A. Complete this form thoroughly and accurately.
- B. Sign and date this form.
- C. Prepare the \$50.00 application fee payment.
(If by check, make payable to Boston University)
- D. Submit this form and the application fee to:

Waltham, MA Applicants

Boston University Center for Digital Imaging Arts
Admissions Office
274 Moody Street
Waltham, Massachusetts 02453

Washington, DC Applicants

Boston University Center for Digital Imaging Arts
Admissions Office
1055 Thomas Jefferson Street NW
Washington, DC 20007



Submission of the application materials should be made as far in advance of the class starting date as is possible.

Boston University Center for Digital Imaging Arts does not discriminate against any individual on the basis of race, color, religion, sex, age, national origin, physical or mental disability, sexual orientation, genetic information, military service, or because of marital, parental, or veteran status.

Boston University Center for Digital Imaging Arts encourages qualified students with disabilities to apply for admission. You may voluntarily request information about available services by contacting the Boston University Office of Disability Services <http://www.bu.edu/disability> at 19 Deerfield Street, Boston, Massachusetts 02215, or by calling 617/353-3658 (v/TTY). Your inquiry will be confidential. It will not be disclosed to the Admissions Office or affect your eligibility for admission.

Please Print Clearly

CAMPUS **WALTHAM, MA** **WASHINGTON, DC**

PROGRAM(S) YOU ARE APPLYING FOR:

Schedule: **Full-Time Day** **Part-Time Evening**

Start Date: Month: _____ Year: _____

Program(s):

Digital Filmmaking **Photography** **3D Animation** **Graphic & Web Design**
 Audio Production* **Web Development** _____

GENERAL INFORMATION

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Home Phone: _____ **Work Phone:** _____

Gender: **Male** **Female** **Date of Birth:** _____

Admissions Counselor: _____

EDUCATION BACKGROUND

High School: _____ **Year of Graduation:** _____

City: _____ **State:** _____ **Zip:** _____

Or, Date GED Equivalency Awarded: _____

College: _____

Graduated: **Yes** **No** **If yes, degree earned:** _____

EMPLOYMENT BACKGROUND

Are you currently employed: **Yes** **No**

Employer (or previous employer)/company name: _____

City: _____ **State:** _____ **Zip:** _____

Position: _____

MILITARY BACKGROUND

Branch of Service: _____ **Dates Served:** _____ **to** _____

Rate or Rank: _____

PERSONAL OBJECTIVES *Attach separate sheet if necessary*

Why have you chosen to pursue an education in the field of Digital Imaging Arts?

What do you hope to achieve by enrolling in the program at the Center for Digital Imaging Arts?

FINANCIAL PLANNING

How will you finance your education? *Check all appropriate spaces.*

- Savings Grants Spouse Loan VA Benefits Scholarship Govt. Agency
- Benefactor Parents Other (explain: _____)

Does your company provide Tuition Reimbursement: Yes No **Are you eligible:** Yes No

If you are eligible for Tuition Reimbursement, please explain your employer's program:

Company Contact: _____ **Phone:** _____

Continued on reverse

