

DEPARTMENT OF CLASSICAL STUDIES  
THE COLLEGE OF WILLIAM AND MARY

APPLICATION FOR ADMISSION  
POST-BACCALAUREATE CERTIFICATE PROGRAM IN CLASSICAL STUDIES

Please type or print all responses. Write N/A for any question that does not apply to you.

**Name:**

Ms.  Miss  Mrs.  Mr.  Dr. \_\_\_\_\_  
Last First Middle

**Former name:** \_\_\_\_\_ (Any other name that may appear on educational records).

**Sex:**  Male  Female **Date of birth:** \_\_\_\_\_

**Citizenship status:**  U.S. citizen

Resident alien: country of citizenship: \_\_\_\_\_

Non-resident alien: country of citizenship: \_\_\_\_\_

**Current address:**

\_\_\_\_\_  
(Number and street, Apt. #, etc.)

\_\_\_\_\_  
(City, State, Country, Zip Code)

**Current telephone numbers:** Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

**Email:** \_\_\_\_\_

**Permanent Address** (*if different from current address above*):

\_\_\_\_\_  
(Number and street, Apt. #, etc.)

\_\_\_\_\_  
(City, State, Country, Zip Code)

**Emergency Contact:**


---

 (Name and relation to you - parent, spouse, etc.)

---

 (Telephone number)

**Year and Term** when you would enter the program (e.g., Fall 2013): \_\_\_\_\_

**Area of Concentration:** If you are interested in applying to graduate programs, please place a check by your main area of interest or concentration. If you are undecided, so indicate.

Archaeology  
 Philology (Greek, Latin or both)  
 Ancient History  
 Undecided

**Educational history:** List below all colleges and universities you have attended, their addresses, and degrees you have earned. Please arrange for each of these institutions to send us your transcript.

School	Address	Degree	Date of degree

**Foreign Language Experience:** List any foreign languages you have studied, both ancient and modern, and include the number of years of formal study you have had in each language.

**Foreign Travel and Archaeological Experience:** List your travel experience outside of the United States, including any experience in archaeological excavation or related work.

**References:** List below the names and addresses of the two persons who are writing letters on your behalf:

1. \_\_\_\_\_

2. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this application**, together with your personal statement explaining the role you hope this program will play in your professional development, to:

Director, Post-Baccalaureate Program  
Department of Classical Studies  
College of William and Mary  
PO Box 8795  
Williamsburg, Virginia 23187-8795

Please include a check for the application fee in the amount of \$70.00, payable to The College of William and Mary. Arrange to have your college transcripts sent to the Post-Baccalaureate Director and have your recommenders send their letters to the Director as well.

Students who are admitted to the program will receive a notification of acceptance.

September 25, 2013