

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
DEPARTMENT OF CLASSICS
POST-BACCALAUREATE CERTIFICATE PROGRAM IN ANCIENT MEDITERRANEAN LANGUAGES

APPLICATION FOR ADMISSION

Please print or type your responses. For any question that does not apply to you, write N/A.

Name:

Mr Ms Miss Mrs Dr _____
Last First Middle

Former name: _____ (Any other name that may appear on educational records).

Date of birth: _____ **Sex:** Male Female

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: _____

Email: _____

Permanent Address, if different from your current address:

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 2016):

Area of Concentration. Please indicate the track to which you are applying: Classics _____ or Religious Studies: _____. If you are interested in applying to graduate programs, please put a check by your main area of interest or concentration.

Classics Track:

Ancient History
Classical Archaeology
Classics

Religious Studies Track:

Early Christianity
Early Judaism
Biblical Studies

(Other, if area of interest not listed: _____)

Educational history. List here the colleges and universities you have attended, their addresses, and degrees you have received. You should ask each of these institutions to send us your transcript.

School	Address	Degree	Date of degree

Foreign Languages. List here any foreign languages you have studied, both ancient and modern, and indicate the number of years of formal study you have had in each language.

Foreign Travel and Archaeological Experience. List here your experience in travel outside of the United States and any experience you have had in archaeological excavation or related work.

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

1. _____

2. _____

Signature: _____ Date: _____

Return this form, together with your two-page statement concerning your goals in entering the program, to:

Prof. James O'Hara, Director
Post-Baccalaureate Program
Department of Classics, CB 3145
University of North Carolina
Chapel Hill, NC 27599

Please have your recommenders send their letters directly to the director, and have your college transcripts sent to him as well. If you take the GRE exams, please either have them send a copy of your scores to the Department of Classics, or yourself send a photocopy of the report of the scores along with this application.

Revised February 2019