



# SUPPLEMENTARY INFORMATION FORM

## TO BE COMPLETED BY APPLICANT

This form is provided for the rare cases when an applicant needs to submit supplementary information. These cases are unusual but should not be used to submit additional information requested on the application form. Please include a copy of this form, but should you need to submit additional information not requested on the application form, please include a copy of this form.

Please mail completed form to the Application Processing Center per address above.

Social Security Number 

X	X	X	X	X				
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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
LAST FIRST M.I. MONTH DAY YEAR

### EQUAL OPPORTUNITY

Boston College is committed to providing equal opportunity in education and in employment regardless of race, sex, marital or parental status, religion, age, national origin or physical/mental handicap. As an employer, Boston College is in compliance with the various laws and regulations requiring equal opportunity and affirmative action in employment, such as Title VII of the Civil Rights Act and Federal Executive Order #11246. Boston College's practice of equal education opportunities is in compliance with the