TO THE APPLICANT
First and Last Name: ___________________________________________________________
Current College or University: _________________________________________________
Institution/CEEB: _____________________________________________________________
Common Application ID#: ___________________________________________ BU ID#: _______________

Please ask each of your current instructors to complete the information below. Once you have gathered all required signatures, mail a copy of this form to Boston University Admissions, 881 Commonwealth Avenue, 6th Floor, Boston, MA 02215. Be sure to retain the original copy for your records.

COURSE LIST
As part of their evaluation process, Boston University finds it helpful to receive a general indication of how students are performing in their current courses. Please complete the information below as it pertains to this student’s performance in your course and return the form to the applicant for mailing.

<table>
<thead>
<tr>
<th>Course Title/Department</th>
<th>Course Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credits</td>
<td>Current Grade</td>
</tr>
<tr>
<td>Comments (optional)</td>
<td></td>
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<tr>
<td>Instructor Signature</td>
<td>Date</td>
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</table>

1. Course Title/Department ____________________________________________ Course Number __________
   Credits __________________ Current Grade __________
   Comments (optional) ________________________________
   Instructor Signature __________________________ Date ____________________

2. Course Title/Department ____________________________________________ Course Number __________
   Credits __________________ Current Grade __________
   Comments (optional) ________________________________
   Instructor Signature __________________________ Date ____________________

3. Course Title/Department ____________________________________________ Course Number __________
   Credits __________________ Current Grade __________
   Comments (optional) ________________________________
   Instructor Signature __________________________ Date ____________________

4. Course Title/Department ____________________________________________ Course Number __________
   Credits __________________ Current Grade __________
   Comments (optional) ________________________________
   Instructor Signature __________________________ Date ____________________

5. Course Title/Department ____________________________________________ Course Number __________
   Credits __________________ Current Grade __________
   Comments (optional) ________________________________
   Instructor Signature __________________________ Date ____________________