



Summer Research Status Registration Form (Certified Full-Time)

Name: _____

Calendar Year: _____

BU ID#: _____

Email: _____

Department/Program: _____

Please write a brief description of the research you are doing, in support of your claim to full-time status:

Required Signatures:

Student: _____

Date: _____

Advisor, Chair/Director, or

Director of Graduate Studies: _____

Date: _____