

Name: _____

CAS major concentration: _____

BU ID number: _____

minor concentration: _____

Telephone #: _____

Expected date of graduation: _____

1.

Course number: _____

Course Title: _____

Semester and year taken: _____ Institution: _____

NOTE: During the fall and spring semesters, CAS students may not enroll concurrently at BU and another institution, with the sole exception of institutions that are part of the CAS Consortium agreement.

To fulfill B.U. course #: _____

Lab Component? _____
yes/no

Approved by: _____
(Please print name.) (Title) (Date)

(signature) _____

2.

Course number: _____

Course Title: _____

Semester and year taken: _____ Institution: _____

NOTE: During the fall and spring semesters, CAS students may not enroll concurrently at BU and another institution, with the sole exception of institutions that are part of the CAS Consortium agreement.

To fulfill B.U. course #: _____

Lab Component?: _____
yes/no

Approved by: _____
(Please print name.) (Title) (Date)

(signature) _____

EXTERNAL SUMMER COURSES TAKEN AT INSTITUTIONS IN THE GREATER BOSTON AREA

(For program requirement courses not offered in B.U. Summer, complete only the section above; for all other Summer courses in the greater Boston area [inside Route 128] complete the section above and obtain the signatures required in this section.)

Department Chairman: _____ Date: _____

Dean of College/School: _____ Date: _____