



Boston University

Summer Term
755 Commonwealth Avenue
Boston, MA 02215
PHONE: 617-353-5124
FAX 617-353-5532

Summer II 20 REGISTRATION FORM

Use this form for Summer Session II Courses.

Form fields for personal information: LAST NAME, B.U.I.D. / SOCIAL SECURITY NUMBER, FIRST NAME, MIDDLE INITIAL, EMAIL ADDRESS, SEX, DATE OF BIRTH, MARITAL STATUS.

Students are reminded that in accordance with the Code of Student Responsibilities (Appendix 15), current addresses must be on file with the University. IF LOCAL ADDRESS IS DIFFERENT FROM HOME, FILL IN LOCAL ADDRESS

Form fields for addresses and preferences: HOME ADDRESS, LOCAL ADDRESS, STATE, ZIP, COUNTRY, RELIGIOUS / DENOMINATIONAL PREFERENCE, ETHNIC CODE, HOME PHONE, WORK PHONE.

Form fields for emergency contacts: PERSON TO NOTIFY IN A PERSONAL EMERGENCY, BU EMERGENCY ALERT CONTACT PHONE, MARK IF CELL PHONE, RELATION, ADDRESS.

Table with columns: OFFICE USE, COLLEGE, COURSE NUMBER, SECTION, CREDIT HRS, AUDIT, DAYS, TIMES, COURSE TITLE. Includes an example row for CAS SO 208 S B1 4 M-R 9-11:00 CURRENT ISSUES.

What institution do you regularly attend?

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Year entering next Fall

Freshman Sophomore Junior Senior Graduate level study

1974 Privacy Act Restrict Box Check to restrict. See reverse side to restrict specific data.

Visit the Summer Term home page at www.bu.edu/summer to view an updated version of the Class Schedule.

View your academic record, register, add and drop classes, change your address or confirm your registration on the Student Link at www.bu.edu/studentlink.

STUDENT'S SIGNATURE

DATE