



**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 BU Admissions, 881 Commonwealth Avenue, 6th Floor, Boston, MA 02215; or send by email attachment to schforms@bu.edu. 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.

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 \_\_\_\_\_