



Application for Enrollment in Biogeosciences Advanced Graduate Certificate Program

Student Name

UID

Student Email address

Department/Program

Major professor/Advisor

Date of entry into PhD program at BU:

☐ Fall

☐ Spring

year

Date of expected graduation:

☐ January

☐ May

☐ September

year

Please attach a current, unofficial transcript.

Signature, Certificate Program Director

Date

Please keep a copy for your records and return this form to:

Jenny Bhatnagar, Director of Biogeoscience Program
Associate Professor, Biology
jmbhat@bu.edu
Office: BRB 213