



Boston University | Office of the University Registrar
 881 Commonwealth Avenue | Boston, MA 02215
 617.353.3612 | registrar@bu.edu

Registration Form

Use this form to register for classes as a NEW student. All fields must be completed to create a student record.

STUDENT INFORMATION			
Last Name _____	First Name _____	Date of Birth _____	
Legal Sex Female <input type="checkbox"/> Male <input type="checkbox"/> <i>Legal, binary sex is required for BU records and Federal Reporting</i>			
BUID _____	School/College _____	Prior BU Affiliation Faculty/Staff <input type="checkbox"/> Former Applicant <input type="checkbox"/>	
Email _____	Phone _____		
Permanent Home Address _____			
City _____	State _____	Zip _____	Country _____
Local Address _____		<i>Residence while attending classes at BU</i>	
City _____	State _____	Zip _____	
BU Alert Phone Number _____		<i>Required for notification of University-wide emergency</i>	
Emergency Contact _____	Relation _____	Phone _____	
Are you a US citizen or permanent resident? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, check all that apply below.</i>			
<i>Race/Ethnicity information is for Federal reporting.</i>			
Are you Hispanic or Latina/o? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Choose not to answer <input type="checkbox"/>			

REGISTRATION INFORMATION							
Semester	College	Course	Number	Section	Credit Hours	Course Title	Faculty Signature
<i>Fall 2020</i>	<i>CAS</i>	<i>CS</i>	<i>101</i>	<i>A1</i>	<i>4</i>	<i>Intro to Computing</i>	<i>If required by school</i>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

AUTHORIZATION	
Sign below to authorize the above registration activity.	
NO STUDENT WILL BE ADDED OVER THE SEAT LIMIT VIA THIS FORM.	
Student Signature _____	Date _____
Advisor Signature _____ <i>If required by school</i>	Date _____