



PhD & MFA Summer Registration Form

Please submit the completed form to the Graduate School of Arts and Sciences or via email to grsrec@bu.edu. All submitted forms must include all signatures.

Name: _____ Program: Please select

BU ID #: _____ Advisor: _____

Calendar Year: _____

Please select one of the two following options that certify you for full-time status:

- I am receiving a stipend of \$4,000 or greater over the course of the summer months (May – August)
- I am not receiving a minimum stipend of \$4,000, or my funding has yet to be determined, but the following statement delineates the independent work pertinent to the completion of my degree requirements being completed during the summer months:

Required Signatures

Student

Director of Graduate Studies or Chair:
Approved/Not Approved