



Summer 1 20

REGISTRATION FORM

Use this form for Summer Session 1 and 12-Week Courses only.

Boston University

Summer Term
200 Riverway, Suite 114
Boston, MA 02215
Phone: 617-353-5124
Fax: 617-353-5532
Email: summer@bu.edu

Form fields for personal information: LAST NAME, FIRST NAME, MIDDLE INITIAL, DATE OF BIRTH (MO., DAY, YR.), EMAIL ADDRESS, BU I.D., SEX (M = MALE, F = FEMALE).

Students are reminded that in accordance with the Code of Student Responsibilities (Appendix 15), current addresses must be on file with the University.

Form sections: HOME ADDRESS, LOCAL ADDRESS (with checkbox for same as home), ETHNICITY, ARE YOU HISPANIC / LATINO?, BU EMERGENCY ALERT CONTACT PHONE, PERSON TO NOTIFY IN A PERSONAL EMERGENCY.

Table with 11 columns: COLLEGE, COURSE NUMBER, SECTION, CREDIT HRS, DAYS, TIMES, AUDIT, COURSE TITLE. Includes an example row and 5 empty rows.

1974 Privacy Act Restrict Box. 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 \_\_\_\_\_