

LAST NAME

Summer 1 20

REGISTRATION FORM

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

BU I.D.

Boston University

Summer Term 200 Riverway, Suite 114 Boston, MA 02215 Phone: 617-353-5124

Phone: 617-353-5124 Fax: 617-353-5532 Email: summer@bu.edu

M = MALE

SEX

												F = FEMALE	
FIRST NAME MIDDLE I								IITIAL	DATE OF B	IRTH to	EMAIL ADDRESS		
									MO. D	AY YR.	<u> </u>		
Students are re	Students are reminded that in accordance with the Code of Student Responsibilities (Appendix 15), current addresses must be on file with the University.												
HOME ADDRESS									LOCAL ADDRESS				
STREET & CITY								STREET & CITY Your "local" address is defined as the address in which you reside while taking classes at Boston University. This address is required for all students studying on MA campus.					
STATE ZIP COUNTRY (IF FOREIGN ADDRESS)								STATE ZIP					
COUNTRY OF CITIZENSHIP (FOREIGN STUDENTS ONLY)													
HOME PHONE CELL PHONE													
BU EMERGENCY ALERT CONTACT PHONE								PERSON TO NOTIFY IN A PERSONAL EMERGENCY RELATION					
(BU requires an Emergency Alert Phone Number for notification of a University-wide emergency. The number should be for the enrolled student and can be up dated after enrollment.)								M - MOTHER F - FATHER O - OTHER					
USE SAME AS								PHONE					
CELL PHONE													
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	COLLEGE		COURSE NUMBER		SECTION	HRS	DAYS	TIMES	AUDIT			RSE TITLE	
EXAMPLE	CAS	CS	101	S	A1	4	MW	9 - 11	_		INTRODUCTIO	N TO COMPUTING	
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2			_	S									
3				S									
4				S									

Visit the Summer Term website at bu.edu/summer to view the current Class Schedule.

View your academic record, register, add and drop classes, change your address, or confirm your registration on the MyBU Student Portal at bu.edu/mybu.

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