



GMS NON-DEGREE APPLICATION FORM

Semester:

Year:

PERSONAL INFORMATION

Last Name:

First Name:

Middle Name:

BU ID#:

Email:

Date of Birth:

Sex:

Country of Citizenship:

Ethnic Code:

ADDRESS

Street Name & Apt. Number:

State:

Zip Code:

Country:

CONTACT INFORMATION

Home Phone:

Cell Phone:

Work Phone:

BU Emergency Alert Contact Phone:

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact:

Relationship:

Phone Number:

EDUCATION HISTORY

Previous Degree:

College/University:

Graduation Date:

PLEASE SUBMIT THE SIGNED APPLICATION FORM ALONG WITH 1) YOUR TRANSCRIPT AND 2) AN ADD/DROP FORM TO MILLIE AGOSTO (millie@bu.edu; 617-638-5124), GMS REGISTRAR IN L-309.

Student Signature:

Date:

Approved By:

Date:
