



GMS NON-DEGREE APPLICATION FORM

Semester: Year:

Last Name: First Name: Middle Name:

BU ID#: Email: Date of Birth:

Sex: Country of Citizenship: Ethnic Code:

Street Name & Apt. Number:

State Zip Code: Country:
:

Home Phone: Cell Phone: Work Phone:

BU Emergency Alert Contact Phone:

Name of Emergency Contact: Relationship: Phone Number:

Previous Degree College/University: Graduation Date:

**PLEASE SUBMIT THE SIGNED APPLICATION FORM WITH A TRANSCRIPT AND AN ADD/DROP FORM.
Only a B.S. or B.A. undergraduate Official transcript is required.**

GMSRegistrar@bu.edu or submit hardcopy to GMS Registrar Office, 72 E. Concord Street, L-309, Boston, MA 02118.

Student Signature

Date

Approved By

Date