

GMS NON-DEGREE APPLICATION FORM

Semester:	Year:		
Last Name:	First Name:	Middle Nam	e:
BU ID#:	Email:	Date of Birth	n:
Legal Sex: Legal, binary sex is required for BU records and Federal Reporting Country of Citizenship:			
Street Name & Apt. Number:			
City:	State:	Zip Code:	Country:
Home Phone:	Cell Phone:		Work Phone:
BU Emergency Alert Contact Phone: Name of Emergency Contact:			
Relationship:	Ph	one Number:	
Previous Degree Co	ollege/University:		Graduation Date:

PLEASE SUBMIT THE FOLLOWING DOCUMENTS

- 1. SUBMIT SIGNED NON-DEGREE APPLICATION ALONG WITH GMS REGISTRATION FORM
- 2. OFFICIAL UNDERGRADUATE DEGREE AWARDED TRANSCRIPT MUST BE SENT TO <u>GMSRegistrar@bu.edu</u> or via mail to: GMS Registrar Office, 72 E. Concord Street, L-309, Boston, MA 02118.
- 3. PLEASE NOTE: YOUR REQUEST WILL NOT BE PROCESSED UNTIL AN OFFICIAL TRANSCRIPT HAS BEEN RECEIVED. *Only a B.S. or B.A. undergraduate Official transcript is required.

Date