

GMS NON-DEGREE APPLICATION FORM

| Semester: | Year: | |
|---|------------------|------------------|
| Last Name: | First Name: | Middle Name: |
| BU ID#: | Email: | Date of Birth: |
| Legal Sex: Legal, binary sex is required for BU records and Federal Reporting Country of Citizenship: | | |
| Street Name & Apt. Number: | | |
| City: | State: Zip | o Code: Country: |
| Home Phone: | Cell Phone: | Work Phone: |
| BU Emergency Alert Phone Contact Name of Emergency Contact: | | |
| Relationship: | Phone N | Number: |
| Previous Degree: Col | lege/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

GMS Registrar Approval