



### GMS NON-DEGREE APPLICATION FORM

**Semester:**

**Year:**

**Last Name:**

**First Name:**

**Middle Name:**

**BU ID#:**

**Email:**

**Date of Birth:**

**Sex:**

**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:**

**Phone Number:**

**Previous Degree**

**College/University:**

**Graduation Date:**

**PLEASE SUBMIT THE SIGNED APPLICATION FORM WITH A TRANSCRIPT AND GMS REGISTRATION FORM.**

**Only a B.S. or B.A. undergraduate Official transcript is required.**

[GMSRegistrar@bu.edu](mailto:GMSRegistrar@bu.edu) or via mail to: GMS Registrar Office, 72 E. Concord Street, L-309, Boston, MA 02118.

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**Student Signature**

**Date**

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**GMS Registrar Approval**

**Date**