



Summer I 20

REGISTRATION FORM

Use this form for Summer Session I and 12 Week Courses only.

Boston University
Summer Term
755 Commonwealth Avenue
Boston, MA 02215
Phone: 617-353-5124
Fax: 617-353-5532
Email: summer@bu.edu



LAST NAME BU I.D.

FIRST NAME MIDDLE INITIAL DATE OF BIRTH EMAIL ADDRESS

MO. DAY YR.

SEX
M = MALE
F = FEMALE

Legal, binary sex is required for BU records and Federal reporting.

Students are reminded that in accordance with the Code of Student Responsibilities (Appendix 15), current addresses must be on file with the University.

H O M E A D D R E S S		L O C A L A D D R E S S <input type="checkbox"/> Local Address same as Home Address	
STREET & CITY <input type="text"/> <input type="text"/> <input type="text"/>		STREET & CITY <small>Your "local" address is defined as the address in which you reside while taking classes at Boston University. This address is required for all students studying on MA campus.</small> <input type="text"/> <input type="text"/> <input type="text"/>	
STATE <input type="text"/>	ZIP <input type="text"/>	COUNTRY (IF FOREIGN ADDRESS) <input type="text"/>	STATE <input type="text"/> ZIP <input type="text"/>
COUNTRY OF CITIZENSHIP (FOREIGN STUDENTS ONLY) <input type="text"/>		ETHNICITY (CHECK ALL THAT APPLY) <small>(REQUIRED FOR GOVERNMENT REPORTS)</small> <input type="checkbox"/> AMERICAN INDIAN or ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK or AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN or PACIFIC ISLANDER <input type="checkbox"/> WHITE (INCLUDING MIDDLE EASTERN)	
HOME PHONE <input type="text"/>	CELL PHONE <input type="text"/>	ARE YOU HISPANIC / LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO	
BU EMERGENCY ALERT CONTACT PHONE <small>(BU requires an Emergency Alert Phone Number for notification of a University-wide emergency. The number should be for the enrolled student and can be updated after enrollment.)</small> <input type="text"/> <input type="checkbox"/> USE SAME AS CELL PHONE		PERSON TO NOTIFY IN A PERSONAL EMERGENCY <input type="text"/> <input type="checkbox"/> RELATION <small>M - MOTHER F - FATHER O - OTHER</small> PHONE <input type="text"/>	

COLLEGE	COURSE NUMBER			SECTION	CREDIT HRS	DAYS	TIMES	AUDIT	COURSE TITLE
EXAMPLE CAS	CS	101	S	A1	4	MW	9 - 11	-	INTRODUCTION TO COMPUTING
1			S						
2			S						
3			S						
4			S						
5			S						

1974 Privacy Act Restrict Box.
See reverse side to restrict specific data.

Visit the Summer Term home page at www.bu.edu/summer to view an updated version of the Class Schedule.

View your academic record, register, add and drop classes, change your address or confirm your registration on the Student Link at www.bu.edu/studentlink.

STUDENT'S SIGNATURE _____ DATE _____



Summer II 20

REGISTRATION FORM

Use this form for Summer Session II Courses.

Boston University
 Summer Term
 755 Commonwealth Avenue
 Boston, MA 02215
 Phone: 617-353-5124
 Fax: 617-353-5532
 Email: summer@bu.edu



LAST NAME BU I.D. SEX M = MALE F = FEMALE
Legal, binary sex is required for BU records and Federal reporting.

FIRST NAME MIDDLE INITIAL DATE OF BIRTH EMAIL ADDRESS

MO. DAY YR.

Students are reminded that in accordance with the Code of Student Responsibilities (Appendix 15), current addresses must be on file with the University.

<p>H O M E A D D R E S S</p> <p>STREET & CITY <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>STATE <input type="text"/> ZIP <input type="text"/> COUNTRY (IF FOREIGN ADDRESS) <input type="text"/></p> <p>COUNTRY OF CITIZENSHIP (FOREIGN STUDENTS ONLY) <input type="text"/></p> <p>HOME PHONE <input type="text"/> CELL PHONE <input type="text"/></p>	<p>L O C A L A D D R E S S <input type="checkbox"/> Local Address same as Home Address</p> <p>STREET & CITY <input type="text"/></p> <p><small>Your "local" address is defined as the address in which you reside while taking classes at Boston University. This address is required for all students studying on MA campus.</small></p> <p><input type="text"/></p> <p>STATE <input type="text"/> ZIP <input type="text"/></p> <p>ETHNICITY (CHECK ALL THAT APPLY) <small>(REQUIRED FOR GOVERNMENT REPORTS)</small></p> <p>ARE YOU HISPANIC / LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> AMERICAN INDIAN or ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK or AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN or PACIFIC ISLANDER <input type="checkbox"/> WHITE (INCLUDING MIDDLE EASTERN)</p>
<p>BU EMERGENCY ALERT CONTACT PHONE <small>(BU requires an Emergency Alert Phone Number for notification of a University-wide emergency. The number should be for the enrolled student and can be updated after enrollment.)</small></p> <p><input type="text"/> <input type="checkbox"/> USE SAME AS CELL PHONE</p>	<p>PERSON TO NOTIFY IN A PERSONAL EMERGENCY <input type="text"/> RELATION <input type="checkbox"/> M - MOTHER <input type="checkbox"/> F - FATHER <input type="checkbox"/> O - OTHER</p> <p>PHONE <input type="text"/></p>

COLLEGE		COURSE NUMBER			SECTION	CREDIT HRS	DAYS	TIMES	AUDIT	COURSE TITLE
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View your academic record, register, add and drop classes, change your address or confirm your registration on the Student Link at www.bu.edu/studentlink.

STUDENT'S SIGNATURE _____ DATE _____



Required Immunization Form

Last Name First Name

Date of Birth (MM/DD/YYYY)

Please fax or mail this form to:
Boston University Summer Term
755 Commonwealth Ave, Room 105
Boston, MA 02215
Fax: 617-353-5532

Email Address

Vaccines	Dates Given	Massachusetts State Requirements
MMR	Oldest Newest #1 ___/___/___ #2 ___/___/___ MM DD YYYY MM DD YYYY	<ul style="list-style-type: none"> 2 doses of MMR Minimum of 4 weeks between doses 1st dose given after 1st birthday
OR	Measles	OR
Individual Vaccines: Measles Mumps Rubella	Oldest Newest #1 ___/___/___ #2 ___/___/___ MM DD YYYY MM DD YYYY	<ul style="list-style-type: none"> If given as single vaccines, 2 Measles, 2 Mumps, 1 Rubella Minimum of 4 weeks between doses 1st dose given after 1st birthday
	Mumps	
	Oldest Newest #1 ___/___/___ #2 ___/___/___ MM DD YYYY MM DD YYYY	
OR	Rubella	OR
Positive Titters	Measles Titer Date: ___/___/___ MM DD YYYY Mumps Titer Date : ___/___/___ MM DD YYYY Rubella Titer Date : ___/___/___ MM DD YYYY	Positive Titters
Tdap	___/___/___ (Td in NOT acceptable, must be Tdap) MM DD YYYY	<ul style="list-style-type: none"> Tdap (Tetanus, Diphtheria & Pertussis) is only acceptable form of Tetanus shot Must be within the last 10 years
Meningitis	___/___/___ Menomune OR Menactra OR Waiver MM DD YYYY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If living on campus: one dose on or after 16 th birthday or completed waiver (page 2)
Hepatitis B	Oldest Newest #1 ___/___/___ #2 ___/___/___ #3 ___/___/___ MM DD YYYY MM DD YYYY MM DD YYYY	Three doses of Hepatitis B vaccine (or appropriately timed 2-dose series)
OR	OR	OR
Positive Titer	Hepatitis B Titer Date ___/___/___ MM DD YYYY	Positive titer
Varicella	Oldest Newest #1 ___/___/___ #2 ___/___/___ MM DD YYYY MM DD YYYY	<ul style="list-style-type: none"> 2 doses of varicella vaccine Minimum of 4 weeks between doses
OR	OR	OR
Titer	Positive Titer Date ___/___/___ MM DD YYYY	Positive titer
OR	OR	OR
Disease	Date of Disease ___/___/___ MM DD YYYY	History of disease verified by a medical provider

Clinician name MD/NP/PA (please print)

Signature

Date

Meningococcal Waiver is ONLY if you wish to waive the requirement for the Meningococcal Vaccine.

Waiver for Meningococcal Vaccination Requirement

I have reviewed the risks of meningococcal disease and the risks and benefits of the meningococcal vaccine, available at www.bu.edu/shs/immunizations. I understand that Massachusetts law requires newly enrolled full-time students at secondary schools, colleges and universities who are living in a dormitory or congregate living arrangement licensed or approved by the secondary school or post-secondary institution to receive meningococcal vaccinations, unless the students provide a signed waiver of the vaccination or otherwise qualify for one of the exemptions specified in the law.

Please check the appropriate box below.

After reviewing the materials above on the dangers of meningococcal disease, I choose to waive receipt of the meningococcal vaccine.

-OR-

Due to the shortage of meningococcal vaccine, I was unable to be vaccinated, but wish to receive the vaccine.

Student Name: _____ Date of Birth: _____

Student ID # (if known): _____

Signature: _____ Date: _____

(Signature of student or parent/legal guardian, if student is under 18 years of age)

Tuberculosis (TB) Record

- | | | |
|--|-----|----|
| 1. Have you had a positive TB skin test in the past? | Yes | No |
| 2. To the best of your knowledge, have you had close contact with anyone who was sick with tuberculosis? | Yes | No |
| 3. Were you born in a high risk country?
(see CDC website for guidelines) | Yes | No |
| 4. Have you traveled or lived for more than one month in any of the high risk countries? | Yes | No |
| 5. Have you completed 6-9 months of medication (i.e. isoniazid) to prevent active tuberculosis (tuberculosis prophylaxis)? | Yes | No |

If you have a history of a positive tuberculosis skin test and have never taken medication to prevent active tuberculosis, please report to Student Health Services on arrival to campus to discuss this treatment.

If you answered YES to number 2, 3, or 4, please provide documentation of a recent tuberculosis skin test (TST) administered within the past year.

Tuberculosis skin test date _____ Result _____ mm Interpretation (check one) Pos Neg

If you previously received BCG vaccine, a blood test such as Quantiferon Gold or T-spot is the preferred test to indicate absence of TB.

Date _____ Result (check one) Pos Neg

If a current or past tuberculosis skin test is/was positive, please indicate evaluation/treatment.

Chest x-ray date _____ Result (check one) Pos Neg

Treatment:

Yes _____
(Drug, Dose, Frequency, and Dates)

No _____
(Please document reason prophylaxis or treatment not done)



International Partnerships
755 Commonwealth Avenue, Room 105
Boston, Massachusetts 02215
Phone: 617-358-2887
Fax: 617-353-5532
stpartnr@bu.edu

Financial Sponsorship Certification For International Partner Students

Student's Name: _____
Family/Last Name *First/Given Names*

Sponsor's Relationship to Student: _____

This certifies that I, _____, am willing and able to financially support the
Sponsor's printed name

above named student (and his/her family, if applicable) for academic fees and living expenses for a minimum¹ of (U.S. dollars) _____ throughout the duration of his/her studies at Boston University. Attached to this certification is official documentation of available funds for summer enrollment. The documentation is in English and the funds are converted to U.S. dollars. It is the student's responsibility to document availability of additional required funds, if necessary.

Sponsor's Signature: _____

Date Signed: _____

¹ See [Estimated Expenses and Financial Information](#) for minimum expense figures.



Family Educational Rights and Privacy Act (FERPA) Waiver

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of a student's education records. In compliance with FERPA, Boston University does not disclose personally identifiable information contained in student education records, except as authorized by law.

1. As a Summer Term student, your home university will require transcripts from your studies at BU in order to transfer your BU credits toward your degree. By marking YES below, you agree to allow the Summer Term office to send your transcript to your home institution.

I allow Boston University's Summer Term office to send my BU transcripts (academic records) to my home university:

- Yes
 No

2. As a Summer Term student, your home university or agency may request information about you to ensure that you are having a good experience. By marking YES below, you agree to allow Boston University Summer Term to communicate with your university or agency advisor.

I allow the Boston University Summer Term office to communicate with my university or agency advisor about my Summer Term experience (this includes: local address and phone number, student account status, student compliance status, course schedule, voluntary withdrawal/leave of absence, suspension/dismissal, university housing removal, academic probation, and any comment or complaint I make to Boston University Summer Term regarding my experience in the Summer Term Program):

- Yes
 No

These authorizations shall remain in place for a period of two years from the date of the signature below.

Name: _____

Home University: _____

Signature: _____

Date: _____

Questions

Questions about the University's policies and practices or about specific educational records should be addressed to the Access Officer, Office of the University Registrar, Boston University, 881 Commonwealth Avenue, Boston, Massachusetts 02215.

Directory Information Restriction
Use this form to manage public access to your data at Boston University

The Family Educational Rights and Privacy Act (FERPA) protects the privacy of your education records and restricts disclosure of personal information from your education records, except as authorized by law. For information on Boston University's FERPA policy, please refer to the Registrar's Office website at www.bu.edu/reg/ferpa/ferpa-policy.

The University has designated certain types of personally identifiable information as "Directory Information." A list of this information is below. Unless restricted, Boston University may disclose any of the items of Directory Information without your consent.

Boston University will not release grades or GPA information without your prior consent. In addition, Boston University does not provide student lists outside the University for purposes of marketing.

Any and all data that you restrict below will not be released outside the University.

If you wish to restrict the release of your Directory Information, you may do so by using the Student Link, by completing the information below, or by visiting the Office of the University Registrar.

Name: _____

BU I.D. : _____

Check to restrict:

_____ **Local Address and BU Directory Phone Number:** If restricted, this information will not be listed in the BU online directory nor printed in the BU phone book.

_____ **Email Directory Lookup:** If restricted, your email address will not be listed in the BU on-line directory.

_____ **School or College:** If restricted, this information will not be released to anyone outside BU.

_____ **Academic Program (Degree, Major, Minor):** If restricted, this information will not be released to anyone outside BU.

_____ **Dates of Attendance, Full/Part-time Status:** If restricted, this information will not be released to anyone outside BU, including insurance providers and employers.

_____ **Degrees, Honors, and Awards Received:** If restricted, this information will not be released to anyone outside BU, including insurance providers and employers.

_____ **Commencement Program:** If restricted, your name, college, degree and honors will not appear in the Commencement Program when you graduate.

_____ **Bostonia Yearbook:** If restricted, your name will not appear in the BU Yearbook when you graduate.

Please return to:

Boston University Office of the University Registrar
881 Commonwealth Avenue, 2nd floor
Boston, MA 02215
Phone: 617-353-3612
Fax: 617-358-1689

Signature: _____

Date: _____