



REGISTRATION FORM

Office of the University Registrar
881 Commonwealth Ave, Boston, MA 02215
Phone: 617-353-3612 Fax: 617-358-1689 Email: Registrar@bu.edu

This form should be used for Boston University students to register in classes.
Please fill in all fields below, including all demographic data to create a Boston University student record.

Student Information:

First and Last Name: _____ BU ID #: _____

Date of Birth: _____ Legal Sex: Female Male
Although BU recognizes many gender identities, we must record students' legal, binary sex for BU records and Federal reporting.

School or College: _____ Prior BU Affiliation: Faculty/Staff Former Applicant

Email: _____ Cell Phone #: _____

Address: _____
(Street address, city, state, zip code, country where you reside while attending classes at BU)

BU Alert Phone Number: _____ Is this a Cell Phone: yes no
(Required for notification of University-wide Emergency)

Person to Notify in Case of Emergency: _____ Relation: _____

Emergency Contact's Phone: _____

Race/Ethnicity Information: Are you a US Citizen or Permanent Resident: yes no
If you answered yes, please check all that apply below. This information is for Federal reporting of US Residents/Permanent Residents.

Are you Hispanic or Latino/a? yes no

Asian Black or African American Native Hawaiian or Pacific Islander

White Other Choose not to answer

Registration Information: Fill in all the course information below.

Academic Semester: _____ Academic Year: _____

#	College	Course	Number	Section	Credit Hrs	Audit	Course Title
Ex.	CAS	CS	101	A1	4	----	Intro to Computers

Student Signature:

Signature: _____ Date: _____

Advisor Signature, If Required by School:

Signature: _____ Date: _____

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: _____ BUID: _____

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

Email: registrar@bu.edu

Please sign below to acknowledge that you authorize the above changes to your record.

Student Signature: _____ Date: _____